

Death and Fetal Death Registration Handbook



Washington State Department of

Health

Center for Health Statistics

July 2000

Handbook on
**Death and Fetal
Death Registration**

July 2000



For more information contact:

Center for Health Statistics
1112 Quince Street South
PO Box 47814
Olympia WA 98504-7814

(360) 236-4300
Fax (360) 753-4135

Mary Selecky
Secretary

<i>Contents</i>	<i>Page</i>
<i>Part I. Introduction</i>	
Overview	4
Purpose	4
Importance of Death and Fetal Death Certificate Registration	4
Definitions	4-5
Death Certificates	5-6
Fetal Death certificates	6
Public Disclosure	7
Fees	7
<i>Part II. General Instructions for completing Certificates</i>	
Data Sources	9
Permanency of Records	9-10
Burial Transit Permits	10
Notice of Removal Forms	10-12
Final Disposition of Human Remains or Fetal Remains	12
Criteria for Burial at Sea	12-13
Amending Certificates	13-14
Disinterment Permits	14-15
Presumptive Death Certificate	15-16
<i>Part III. Duties of the Local and State Registrar</i>	17-19
<i>Part IV. Frequently Asked Questions</i>	20-25
<i>Part V. Completing the Items on the Death Certificate</i>	
The Decedent	27-36
The Parents of the Decedent	36-37
The Disposition	37-38
The Certifier	39-41
The Cause-of-Death	42-45
The Registrar	45-46
<i>Part VI. Completing the Fetal death certificate</i>	
*	
About the Fetus	48-49
About the Father	50
About the Mother	51-52
Local Registrar	52-53

<i>Contents</i>	<i>Page</i>
Disposition	53
Funeral Director	54
Cause-of Death	54-55
Other Medical Information	55-56
Certifier	56
About the Mother and Father	56-59
Race, Occupation and Education	
About the Pregnancy	59-63
About the Delivery	64-67

Part VII. Medical Certification of Death

Certifying the Cause-of-Death	69-71
Part I of the Cause-of-Death Section	71
Approximate interval between onset and death	72-73
Other Items for Medical Certification	73-74
Completing the Certifier Section	75
Examples of the Cause-of-Death Certification	76-87
Examples of Cause-of-Death for Fetal Death Certificate	88-93
Other Items for Medical Certification	93

Part VIII. Appendices

Appendix A	Policies/Procedures	95-103
Appendix B	Revised Code of Washington (RCW)	104-113
Appendix C	Washington Administrative Codes (WAC)	114-120
Appendix D	City/County Listing	121-134
Appendix E	State Abbreviations	135-136
Appendix F	Where to Write for Vital Records	137-138
Appendix G	Occupation and Industry Listing	139-152
Appendix H	Common Problems in Death Certification	153-161
Appendix I	Operational Guidelines for Determination of Injury at work	162-163
Appendix J	Forms	164

INTRODUCTION

Overview

In the spring of 1891, the Washington State Legislature passed a law establishing the reporting of vital records. It directed the county auditors to file at least quarterly reports of vital events (birth, deaths and marriages). However, early state records are spotted with notes that certain counties did not report the events.

On July 1, 1907, a new law was passed to centralize vital records reporting at the state level and to bring the State of Washington into the Federal Death Registration System. The centralization of the registration system for births and deaths ensured that a central file was kept and a single source could be contacted for copies of these documents. Since then, the reporting of birth and death events has been much more reliable.

Purpose

This handbook is designed to provide instructions for funeral directors, physicians, medical examiners, coroners, local registrars and others for completing and filing death and fetal death certificates. The goal is to improve reporting by promoting better understanding of the procedures required to properly complete the items on these certificates and the uses of information derived from these items.

Importance of Death and Fetal Death Certificate Registration

A death certificate is a permanent record of the facts of an individual's death. It provides important personal information about the decedent and about the circumstances and causes of death. This information is highly valuable for medical and health research purposes and also has many uses related to the settlement of the estate. Funeral directors or persons in charge of the disposition are required to register all deaths and fetal deaths that occur in the State of Washington. *RCW 70.58.160, 170*

Definitions

Attending Physician means the physician who was in charge of the decedent's care or treatment of the condition(s) just prior to death. In most cases, the attending physician will pronounce death and certify the cause-of-death. Only when the attending physician is unavailable to certify the cause-of-death at the time of death will another physician pronounce death.

Center for Health Statistics is the office in the Washington State Department of Health that maintains the birth, fetal death, death, marriage and divorce record of events that occur in Washington State.

Certifying Physician is the physician who determines and certifies the cause of death on a death certificate. The Certifying Physician may be the Attending Physician. He or she is responsible for completing items 39-42, 48, 50-52 on the death certificate. He or she also completes item 3 (date of death) if he or she pronounces death.

Deputy Registrar is a person appointed by the Local Registrar (Health Officer) who acts as their official designee. Official duties include the review of death and fetal death certificates for accuracy and completeness and the issuance of burial transit permits. In large counties, a chief deputy registrar is often appointed by the Health Officer.

Fetal Death means any product of conception that shows no evidence of life after complete expulsion or extraction from its mother. The words “evidence of life” include breathing, beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles. A fetal death certificate is filed if the period of gestation is twenty weeks or more. *RCW 70.58.150, 160*

Local Registrar is the health officer who resides in each county or district. The Local Registrar appoints sufficient deputy registrars to administer the vital statistics laws. *RCW 70.58.020*

Immediate Cause-of-Death means the final disease, abnormality, injury, or poisoning that caused the death. It is not the mode of dying such as cardiac or respiratory arrest, shock, or heart failure.

Underlying Cause-of-Death is (a) the disease or injury which initiated the train of events leading directly to death, or (b) the circumstances of the accident or violence which produced the fatal injury.

Death Certificates

Information from death certificates provides the basis for local, state and national mortality statistics. These data are used for the following purposes:

- To assess the general health of the population
- To evaluate the success of medical treatment
- To examine medical problems that may be more prevalent among certain population groups
- To indicate those areas in which medical research can have the greatest impact for promoting health and preventing disease
- To identify public health problems and measure the results of programs established to alleviate these problems

- To allocate medical and health care services and to initiate follow up on infant deaths (such as SIDS), maternal deaths, and certain infectious diseases, such as AIDS
- To provide a method for identifying disease etiology and evaluating diagnostic and therapeutic techniques
- To identify the leading causes of death and years of potential life lost to diseases and injuries
- To provide data for epidemiological studies in such areas as coronary heart disease and cancer
- To identify geographic areas with elevated death rates from selected causes of death
- To measure health at state, county, and city levels

Because the statistical data derived from death certificates can be no more accurate than the information on the certificate, it is very important that all persons concerned with the registration of deaths strive not only for complete registration but also for accuracy and promptness in reporting these events.

Fetal Death Certificate

Fetal death is defined as: “any product of conception that shows no evidence of life after complete expulsion or extraction from its mother. The words “evidence of life” include breathing, beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.” *RCW 70.58.150*

The fetal death certificate is a legal document, although it serves a primarily statistical purpose rather than a legal purpose. It provides valuable health and research data. The information is used to study prenatal care services and obstetrical programs. It is also used to examine consequences to the fetus from possible environmental and occupational exposures to parents. A fetal death certificate must be completed and filed before a Burial-Transit Permit is issued and before final disposition of a fetus of 20 or more weeks gestation.

NOTE: A fetal death certificate is not required if the period of gestation is less than 20 weeks. *RCW 70.58.160, 230*. When a fetus of any gestation age lives a short time by showing signs of life with a heartbeat or pulsation and later dies, a birth and death certificate must be completed and filed as directed by law. See *RCW 70.58.070, 150, 160*.

When the delivery of a fetus is the result of an induced termination, the medical facility is required to complete the *Report of Induced Termination of Pregnancy* and report it to the

Center for Health Statistics (CHS). This form may be obtained from CHS.

Public Disclosure

The death certificate is considered a public record and is available to individuals upon request. The fetal death certificate contains two sections: a legal portion that is considered a public record and a confidential portion that is not subject to public inspection. The confidential portion contains medical and demographic information identified by the Board of Health that is excluded from certified copies of the record except upon order of a court (*WAC 246-491-030*). Although the death certificate and the legal portion of the fetal death certificate are a public record, the release of lists of names, addresses, etc. from these records for commercial purposes is prohibited (*RCW 42.17.260(9) and WAC 246-490-045*).

Fees

The Vital Records statute establishes a fee for each certified copy requested from the Department of Health. “Local registrars shall charge the same fees as the state except when multiple copies of a death certificate are ordered at a given time.” In this instance, the local registrar shall charge the state fee for the first copy and a reduced fee for additional copies. “No fee may be required for furnishing certified copies of death or fetal death certificates for use in connection with a claim for compensation or pension pending before the Veterans Administration” (*RCW 70.58.107*).

General Instructions for Completing Certificates

Data Sources

Data necessary for preparing death and fetal death certificates are obtained from the informant and the physician in attendance at the time of death. The informant is the person who gives the personal information about the decedent. The attending physician is the physician who has been providing medical attention for the patient up to the time the patient dies. The attending physician or coroner/medical examiner completes the cause-of-death section.

◆ **The informant should be the person in the following order of preference:**

- ◆ Decedent's spouse
- ◆ Decedent's parent
- ◆ Decedent's child
- ◆ Other relative
- ◆ Other person who has knowledge of the facts

Completion of the cause-of-death in order of preference:

- ◆ Pronouncing or attending Physician
- ◆ Physician in attendance at death
- ◆ Coroner
- ◆ Medical Examiner
- ◆ Prosecuting Attorney
- ◆ Health Officer
- ◆ Hospital records
- ◆ Physician records
- ◆ Coroner records
- ◆ Medical examiner records

Permanency of Records

Death certificates are permanent legal records. It is essential that the certificate is prepared accurately. The following are guidelines to be used in completing death or fetal death certificates.

- Use the current certificate form designated by the State Registrar.
- Use only black ink when typing certificates. If a typewriter or computer cannot be used, print legibly in permanent black ink. Black or unfading ink is required since it provides clearer certified copies. (WAC 246-490-039)
- Complete each item by following the specific instructions for that item.
- Avoid abbreviations except those recommended in specific item instructions.

- Verify the spelling of names with the informant. Be especially careful with names that can have different spellings for the same sound, e.g., Smith or Smyth; Gail or Gayle, Christina or Kristina, John or Jon.
- Use original signatures only. Rubber stamps or other facsimile signatures are not acceptable, except for local registrars.
- Use dry line or correction tape if you do make a correction before the certificate is filed. Do not use erasers or noticeable cover up markings such as white out.
- Obtain cause-of-death information. Refer to the CHS Policy, Title: Referral of Cases to County Medical Examiner's or County Coroner's Offices.
- File the original certificate with the local registrar within three (3) days after the death. Reproductions, photo copies or duplicates are not acceptable.
- Refer problems not covered in these instructions to the local registrar or the Center for Health Statistics.

Burial Transit Permits

The funeral director or person acting as such must obtain a burial transit permit from the local registrar before he or she:

- Removes human or fetal remains from Washington State.
- Buries the human or fetal remains in a grave, crypt, mausoleum or tomb.
- Cremates the human or fetal remains.
- Releases human or fetal remains for scientific or educational study.
- Disposes of the human or fetal remains in any other manner.

The rationale for this requirement is to avoid the possibility of destroying evidence of foul play and to ensure proper identification of human remains before final disposition.

The burial transit permit must accompany the remains to their place of final disposition, where human remains are presented to the sexton or person in charge of the cemetery or crematory. The sexton must complete the date, place, and type of disposition and sign the sexton portion. The sexton must return the burial transit permit to the registrar of the county in which the cemetery is located within 10 days from the date-of-disposition.

When no person is in charge of the place of final disposition, the funeral director must write "no person in charge" on the front of the burial transit permit, sign and date it and return the burial permit to the local registrar within 10 days.

Notice of Removal Forms

(Use this form when taking the human remains from the county of death to another county of disposition within Washington State)

A funeral director may remove a body from the county of death within the state without filing a death certificate and obtaining a burial-transit permit. However, the director must mail or take a *Notice of Removal* form to the local registrar in the county where the death occurred. The funeral director must file the *Notice of Removal* within 24 hours after removing the decedent. This notifies the local registrar that a person has died in their county and they will be expecting a death certificate from that funeral director. When the funeral director resides in a county [other than the county of death] the director may file the death certificate with his or her local registrar and receive the burial-transit permit. The funeral director's local registrar will then mail the death certificate to the local registrar where the death occurred.

The "*Notice of Removal*" is not a permit to bury, cremate, or remove the remains from Washington State. It does not replace a burial transit permit. It merely allows the human remains to be removed from one district or county to another prior to final disposition. The funeral director must still obtain a burial-transit permit from the local registrar for final disposition. *RCW 70.58.230, 240*

There are two options for a Funeral Director when he or she removes human remains from another county.

- 1) File a complete and accurate death certificate with the local registrar in the county of death before the removal and receive that same day the burial transit permit which will accompany the remains as it is transported from the county-of-death. The funeral director must see that the cause-of-death section on the death certificate is completed prior to filing it with the local registrar.
- 2) File or mail a *Notice of Removal* form with the local registrar in the county of death within 24 hours after removing the body.
 - If choosing this option, the funeral director completes a *Notice of Removal*. This document allows the funeral director to move human remains from one county to another county without a burial-transit permit if he or she has filed a *Notice of Removal* with the local registrar in the county where the death occurred.
 - The *Notice of Removal* contains the name and address of the local registrar where the death certificate will be filed. When the funeral director goes into another county to remove the remains:
 - a) He or she files the *Notice of Removal* with the local registrar in the county of death. See above options.
 - b) He or she may file a death certificate with his or her own local registrar.

- He or she will present the death certificate to his or her local registrar for review and completeness. The local registrar will then issue a burial-transit permit to the funeral director.
- The local registrar will mail the death certificate to the local registrar where the death occurred if the death occurred in another county.
- He or she must obtain certified copies of the death certificate from the local registrar in the district where the death occurred. The local registrar shall transmit the death certificates no later than 60 days after the death occurred. Once the death certificates are filed with the State Registrar, certified copies must be requested through the Center for Health Statistics. First Class counties may issue certified copies at any time. *RCW 70.58.030*

Refer to the Department of Health policy procedure on “Out-of-County Death, In-County Disposition” in Appendix C. *RCW 70.58.230, 240*

Final Disposition of Human Remains or Fetal Remains

The death and fetal death certificate contains certain information about the disposition of human or fetal remains. The funeral director completes all items regarding the disposition prior to filing the certificate with the local registrar.

The right to control the disposition of human or fetal remains and the duty of the interment of such remains devolves upon the following in the order named; unless the decedent expressed other directions.

1. The surviving spouse,
 2. The surviving adult children of the decedent,
 3. The surviving parents of the decedent,
 4. The surviving siblings,
 5. A person acting as a representative of the decedent under the signed authorization of the decedent.
- RCW 68.50.160*

Criteria for Burial at Sea

All persons owning or operating a vessel or aircraft registered in the United States or flying the United States flag, and all departments, agencies or instrumentalities of the United States, must obtain a general permit to transport human remains from any location for the purpose of burial at sea subject to the following conditions:

- Human remains shall be prepared and buried in accordance with the accepted practices and requirements deemed appropriate by the United States Navy, Coast Guard or civil authority charged with the responsibility of making such arrangements.
- The burial at sea of remains that are not cremated shall take place no closer than three nautical miles from land, in water no less than 100 fathoms (600 feet) deep except in waters from Cape Canaveral to St. Augustine, Florida, off the Dry Tortugas and in waters from Pensacola, Florida, to the Mississippi Delta, in which case burial must be in water no less than 300 fathoms (1,800 feet) deep.
- Cremated remains may be buried in or on ocean waters without regard to the depth. This is federal regulation. Washington State controls water out to three miles and permits scattering of cremated remains in these waters.
- Flowers and wreaths made of readily decomposable materials may also be placed in or on ocean waters with the remains.
- All burials conducted under the general permit issued by the Department of Navy must be reported to the administrator of the Department of Navy from which the vessel carrying the remains departed.

Under certain circumstances, the U.S. Navy will perform sea burials for veterans. The local Naval District must be contacted to initiate proceedings. Funeral directors can expect a four to six week wait for this service, which is dependent upon the availability of a ship leaving port.

[This is the revision to the regulations and criteria for sea burials published by the Environmental Protection Agency, which governs the disposition at sea of cremated and uncremated human remains.]

Amending Certificates

The following persons may correct a death certificate by completing the *Affidavit for Correction*. The Center for Health Statistics provides these forms to the local registrars.

Funeral director: May correct all items except the medical portion and marital status.

Informant: May correct all items except medical portion or date of death.

Certifier: May correct cause-of-death or date of death.

The certifier may be a physician, physician's assistant, chiropractor, osteopath, advanced registered nurse practitioner (ARNP), medical examiner, coroner, prosecuting attorney, or

health officer

If someone other than the above is requesting a correction, they can change any item except the medical portion, date of death or marital status, as long as they have proof and complete and sign the *Affidavit for Correction*. Requirements of proof are listed on the reverse side of the *Affidavit for Correction*.

Exceptions: When someone wants to change the entire name of the decedent, the certifier must initiate a correction.

When the coroner or medical examiner states the cause-of-death as “*pending investigation*” or “*pending*,” and the cause-of-death is later determined, the coroner or medical examiner must complete and sign an *Affidavit for Correction* to correct the certificate.

When the funeral director makes an error on the certificate regarding the personal information, **the funeral director must complete an *Affidavit for Correction* and file it with the local registrar.** The local registrar will make the correction on the certificate as long as the local registrar has the original death certificate. If the local registrar has already mailed the original death certificate to the Center for Health Statistics, the funeral director must send the affidavit to the Center at the following address:

Center for Health Statistics
Attention: Corrections
PO Box 47814
Olympia WA 98507-9709

RCW 70.58.030, 190

Disinterment Permits

Human remains may be removed from a cemetery plot with the consent of cemetery authority and written consent from one of the following, in the order named:

- ◆ Surviving spouse of the decedent
- ◆ Surviving children of the decedent
- ◆ Surviving parents of the decedent
- ◆ Surviving brothers or sisters of the decedent

If the cemetery authority does not give their consent, the next of kin can petition the superior court of the county of burial for permission of disinterment.

The Center for Health Statistics provides the local registrars with the *Disinterment Permit* forms [#DOH110-018]. A family member or any person who wishes to remove

human remains from one county to another county is required to obtain a *Disinterment Permit* from the local registrar in the county where the death occurred. When human remains are shipped out of state, the person making the request is required to obtain a *burial- transit permit* from the local registrar.

If one of the above consents cannot be obtained, the Superior Court of the county where the cemetery is situated may grant permission. In any case, the consent shall not violate the terms of a written contract or the rules and regulations of the cemetery authority or the Funeral and Cemetery Office. A person is required to give the court notice of application at least 10 days before the removal of remains when notice is given in person or 15 days notice is given by mail.

RCW 70.58.230; 68.50.200; 68.50.210; 68.50.220.
WAC 248-40-050

Disinterment Permit Not Required:

A *Disinterment Permit* is not required under the following conditions:

1. when the remains are moved from one plot to another in the same cemetery.
2. when the remains are removed by a cemetery authority because the purchase price is not paid or past due.
3. when the remains are disinterred by order of the court or coroner.

RCW 68.50.200

Presumptive Death Certificate

The coroner, medical examiner, prosecuting attorney or health officer files a presumptive death certificate with the local registrar when, to the best of his or her knowledge, there is sufficient circumstantial evidence to indicate a person has died as a result of an accident such as drowning, or natural disaster such as a flood, earthquake, volcanic eruption, or similar occurrence, and it is unlikely the body will be recovered.

If the county of death cannot be determined with certainty, the coroner, medical examiner, prosecuting attorney, or health officer in the county where the event occurred and where the decedent was last known to be alive may issue a presumptive death certificate.

The Presumptive Death Certificate must state the following:

- the presumed decedent's name;
- the presumed date of death;

- the presumed place of death;
- the circumstances of death.

As much information as possible should be obtained. The Presumptive Death Certificate is a legally accepted fact of death. The official issuing the presumptive death certificate must file it with the local registrar.

If the body is later found, these procedures must be followed:

- The coroner completes and files a death certificate with the local registrar, showing the updated information.
- The local registrar voids the presumptive death certificate if they haven't sent the original death certificate to CHS and registers the standard death certificate. This may involve voiding the presumptive certificate in one jurisdiction and filing a standard death certificate in another jurisdiction, including other counties or states. The local registrar must inform the Center for Health Statistics that a possible presumptive death certificate was filed. This allows the Center to void the presumptive death certificate and file the standard death certificate.

Duties of the Local and State Registrar

Duties of the Local Registrar

Local registrars must carefully examine each death and fetal death certificate received for registration. The following elements are examined before accepting the certificate:

- Do the death date and birth date match age at death?
- Is the writing or printing legible and in permanent black ink or typed in black ink?
- Are all sections of the certificate completed? If a particular item is not known, enter "Unknown". If the item is known at a later time, the funeral director, physician, medical examiner or coroner completes an *Affidavit for Correction* and the local registrar or state registrar will make the correction on the certificate.
- Is the Cause-of-Death section completed and legible?
- Is the cause-of-death known or suspected of having been caused by injury or poisoning? If yes, notify the coroner or medical examiner regarding this particular death.

The local registrar refers the following causes to the medical examiner or coroner if they appear on the death certificate:

asphyxia
bolus
choking
emboli
embolus
exsanguination
fall
fracture
FX
ORIF (Open Reduction of Fracture)
overdose
remote or old injuries (traffic, neck, etc.)
surgery or surgical procedures
unknown

The local registrar refers the following cases if they appear without any underlying cause:

cardiac arrest	sepsis
cardiopulmonary arrest	subarachnoid hematoma
emboli	subdural hematoma
embolus	sudden death
pneumonia	old age
pulmonary arrest	failure to thrive
respiratory arrest	starvation

When the death certificate is incomplete or inaccurate, the local registrar should contact the funeral director regarding the missing information and withhold the burial-transit-permit until the certificate is complete and accurate.

When the death certificate is properly completed, the registrar shall issue a burial-transit permit to the funeral director or person acting as such. The registrar must enter the “date received” in item 63 even when the death did not occur in their county. When the death certificate is filed in a county other than the county of death, the local registrar does not sign in item 62. The local registrar in the county of death completes item 62.

The local registrar is required to transmit original death and fetal death certificates to the state registrar 30 to 60 days after the certificate was registered. The local registrar should use transmittal form # DOH 110-016 when mailing the death certificates to the Center or requesting blank death certificates. Send certificates to:

Center for Health Statistics
Attention: Death Registration
PO Box 47814
Olympia, WA 98504-7814

The local registrar may issue a certified copy of the death or fetal death certificate upon request and receipt of the appropriate fee as mandated in RCW 70.58.030, 107.

Duties of the State Registrar

The State Registrar administers the death and fetal death registration system under laws and regulations of Washington State. The Center for Health Statistics places death and fetal death certificates on permanent file after they have been accepted for filing.
RCW 43.20A.625; 70.58.030; 040, 055, 160.

The State Registrar also issues certified copies of the death and fetal death certificate upon request and receipt of the appropriate fee as mandated in *RCW 70.58.107*.

Frequently Asked Questions

1. *Who completes a death certificate?*

The funeral director or person in charge of interment is required to complete the Decedent, Decedent's Parents and Disposition sections. The attending physician or the physician who is covering for the attending physician, or the medical examiner or coroner completes the "*certifier*" and the "*cause-of-death*" section. If there is no physician to certify the cause-of-death, the funeral director or person in charge of interment is required to notify the following people in order of statutory preference: coroner, medical examiner, prosecuting attorney or the health officer in the county of death.

RCW 70.58.180

Hospitals and other medical facilities may assist the funeral director in obtaining the information needed to complete the death certificate when the death occurred in that medical facility. In such cases, the attending physician will usually complete the cause-of-death section and sign the certificate at the hospital or other institution. It is the funeral director's responsibility to verify the personal information with the family, obtain and enter any information that has not been completed and file the certificate within three days. When the attending physician is not available at the time of death to certify the cause-of-death, another physician on duty at the hospital or other facility may pronounce the decedent legally dead and may authorize release of the body to the funeral director. In such cases, the attending physician will certify the cause-of-death within the statutory three-day time period or the case may be referred to the coroner or medical examiner. In rare cases, when the case is not referred to the coroner or medical examiner, the local health officer may sign and state "pending" for cause-of-death. The certifying physician must complete a correction affidavit at a later date to add the cause-of-death.

By law, the attending physician is responsible for certifying the cause-of-death. In most cases, the attending physician will pronounce death and certify the cause-of-death. Only when the attending physician is unavailable to certify the cause-of-death at the time of death, will another physician pronounce death. In this latter case, the physician who pronounced death will sign in signature block 42 and the certifying physician or medical examiner or coroner will sign in signature blocks 39 or 43 respectively. *RCW 70.58.170; and 180*

2. *Can an apprentice funeral director sign a death certificate?*

This is the basis of the Funeral Directors and Embalmers policy that only licensed funeral directors can sign the death certificate as the representative of the funeral establishment.

Apprentices are not licensed funeral directors, but are employed to assist funeral directors to fulfill requirements to become licensed. Thus, a person serving an apprenticeship may only assist the funeral director. They are not authorized to

sign the death certificate. This does not, however, prohibit apprentices from assisting the funeral director in preparing and filing the death certificate as long as the funeral director signs the document.

3. *Can a licensed funeral director from another state sign a Washington death certificate?*

The current practice by the Washington, Oregon and Idaho State Registrars is to accept death certificates signed by licensees from these other states when that licensee is handling the disposition of the deceased. This policy is under review for introduction into the Washington State legislature. Such a law has been passed in Oregon, but it cannot be implemented unless there is reciprocal law in neighboring states.

This policy is invoked when a death occurs in one state and the funeral home handling the disposition is from one of the other states.

4. *Who can sign the certification section on the death certificate?*

- The physician last in attendance or, if the deceased died without attendance, the coroner, medical examiner, prosecuting attorney or health officer having jurisdiction. RCW 70.58.170
- Osteopathic physician: “All persons granted licenses or certificates under this chapter shall be subject to the state and municipal regulations relating to the control of contagious diseases, the reporting and certifying to births and deaths, all matters pertaining to public health; and all such reports shall be accepted as legal.” RCW 18.57.150
- Chiropractor: “Chiropractic practitioners shall observe and be subject to all state and municipal regulations relating to the control of contagious and infectious diseases, sign death certificates and any and all matters pertaining to public health, reporting to the proper health officers the same as other practitioners.” RCW 18.25.080
- Physician’s assistant can sign a death and fetal death certificate and “certify the cause-of-death according to his or her best knowledge and belief” as stated in RCW 70.58.170, 180. A physician’s assistant can sign and attest to “any document that might ordinarily be signed by a licensed physician, to include but not limited to such things as birth and death certificates.” WAC 246-918-130
- Advanced Registered Nurse Practitioner (ARNP) can sign death and fetal death certificates and certify the cause-of-death according to his or her best knowledge and belief. RCW 70.58.170, 180

5. ***Can the coroner or medical examiner add a cause-of-death or change the cause-of-death after the physician has signed and certified the cause-of-death?***

When a physician is in attendance at the time of death, that physician will certify the cause-of-death. However, there may be circumstances when the coroner or medical examiner has jurisdiction over the human remains of the deceased individual even when an attending physician is in attendance (*RCW 68.50.010*). A situation may arise when the coroner or medical examiner disagrees with the attending physician's cause-of-death. If after further investigation, the coroner or medical examiner finds that the cause-of-death determined by the attending physician is inaccurate, the most reasonable solution is to request that the attending physician review the investigation findings and amend the cause-of-death to reflect the additional information. The coroner or medical examiner is not authorized to overrule or amend the cause-of-death determined by the attending physician without also assuming the responsibility for certifying the cause-of-death. When the physician does not agree with the coroner or medical examiner's determination regarding the cause-of-death, the physician should be removed as the certifier, and the coroner or medical examiner must sign the certificate, certifying the cause-of-death.

6. ***Who files a death certificate and where is it filed?***

The funeral director or person in charge of interment files the death certificate with the local registrar in the district in which the death occurred. See *Notice of Removal* Section. When the place of death is not known, the funeral director files the death certificate with the local registrar in the county in which the human remains were found.

RCW 70.58.160

When death occurs in a moving conveyance in the United States and the human remains are first removed from the conveyance in Washington State, the death is to be registered in Washington State. The place where the human remains are first removed is considered the place of death. When death on a moving conveyance while in international waters, air space or in a foreign country or its air space and the human remains are first removed from the conveyance in Washington State, the death is registered in Washington State. The certificate must show the actual place of death if this can be determined.

7. ***When does the death certificate need to be filed?***

The funeral director or person in charge of interment is required to file the death certificate within three days of the date of death.

When the cause-of-death cannot be determined within three days, the funeral director is required to file the death certificate. The physician, medical examiner or coroner is required to enter "pending" or "pending investigation" for Item 54,

preferably in pencil. The medical certifier is required to give the local registrar a written notice stating the reason for the delay in providing the cause-of-death. This allows the local registrar to issue a burial transit permit for disposition. As soon as the cause-of-death is determined, the physician, medical examiner, coroner or prosecuting attorney is required to promptly file an *Affidavit for Correction* with the local registrar in the district in which the death occurred or with staff at the Center for Health Statistics after the local registrar sends the death certificate to the Center. *RCW 70.58.180, 190*

8. *Is it legal for a family (next of kin) to handle the disposition of the remains of a relative, including preparing and filing the death certificate?*

The next of kin can sign the death certificate in the ‘funeral director’ space on the form. They must follow the procedures and requirements on how to handle human remains as stated in *WAC 246-490-040; 050; 060* and follow all the funeral director requirements stated in *Chapter 70.58 RCW*. Burial must take place in a dedicated cemetery unless the human remains are cremated.

9. *Who completes a fetal death certificate?*

The funeral director or person in charge of interment is required to complete the fetal death certificate. If the fetal death occurred in a medical facility, the medical facility may assist the funeral director in obtaining the information needed to complete the fetal death certificate. Usually, this is a person from Medical Records or the Birth Center section of the hospital. **See # 1 above.** The funeral director completes any items not completed by hospital staff and obtains the physician or midwife’s certification, cause-of-death and the medical data pertaining to the delivery. *RCW 70.58.170*

10. *Who files the fetal death certificate and where is it filed?*

The funeral director or the person in charge of interment is required to file the fetal death certificate with the local registrar in the district in which the fetus was delivered. A certificate is filed for a fetus of 20 weeks or more gestation. *RCW 70.58.160, 170*

11. *When is the fetal death certificate filed?*

The funeral director is required to file the fetal death certificate within three days of delivery. The certificate is filed for a fetus of 20 or more weeks gestation. The physician determines the gestational age of the fetus. *RCW 70.58.160*

NOTE: When there is a pulse or some evidence of life at the time of delivery and the infant dies, regardless of gestational age, the hospital is required to complete a birth certificate, and the funeral director is required to complete a death certificate for that live birth.

12. *Who is responsible for disposition of fetal human remains?*

Fetus twenty or more weeks gestation: The fetus must be treated as human remains. The funeral director is required to complete the fetal death certificate and file it with the local registrar. The local registrar will review the certificate for completeness and issue a burial transit permit to the funeral director.

Fetus under twenty weeks gestation: The Center for Health Statistics does not regulate this issue. However, the family has the option to involve a funeral director and dispose of the fetal remains by either cremation or burial. Hospitals needing further information should call the Funeral and Cemetery Board Licensing Unit at the Department of Licensing.

13. *When do you file a Report of Induced Termination of Pregnancy form instead of a Fetal Death Certificate?*

A Report of Induced Termination of Pregnancy form is completed for every induced termination of pregnancy performed regardless of whether surgical or medical (non surgical) procedures are used

When a fetal death certificate and a Report of Induced Termination of Pregnancy are filed for fetuses with gestational ages 20 weeks or more, the Center for Health Statistics records only the Report of Induced Termination.

14. *Can a parent receive a certified copy of the fetal death certificate?*

Parents who wish to have a copy of the fetal death certificate may request a copy from the local registrar within 30 to 60 days of the delivery. After the local registrar files the Fetal Death Certificate with the state registrar, the parents may obtain a certified copy of the certificate from the Center for Health Statistics.

When parents request a certified copy of a fetal death certificate for a fetus under 20 weeks, the hospital may complete the certificate and file it with the local registrar. The local registrar may issue a certified copy to the parent or parents and maintain the original certificate in their files. The local registrar does not file the certificate with the Center for Health Statistics.

***COMPLETING THE ITEMS ON THE
DEATH CERTIFICATE***

The Decedent (Items 1-28)

Item 1 - Decedent's Name

Enter the first and middle name. Enter the last name of the decedent under "last" name. Do not abbreviate. Enter alias or "also known as" names above the legal name or in parentheses (for example, AKA-Smith).

AKA Sample:

1. NAME (aka Happy) George Malcom Somebody				2. SEX (M/ F) Male		3. DEATH DATE (Mo. Day. Yr)		
4. AGE LAST BIRTH-DAY (Yrs)	5. UNDER 1 YEAR MOS DAYS		6. UNDER 1 DAY HOURS MINS		7. BIRTHDATE (Mo. Day. Yr)	8. BIRTHPLACE (City, State or Foreign Country)	9. WAS DECEDENT EVER IN U.S. ARMED FORCES/ (Yes / No)	10. COUNTY OF DEATH
11. CITY, TOWN OR LOCATION OF DEATH				12. PLACE OF DEATH—X BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG.RM/OUT PTN 4. HOSP. 5. NUR HOME 6. OTHER PLACE				13. SMOKING IN LAST 15 YEARS/ (Yes / No)

If an infant dies and the parents do not name the baby, enter 'Baby Boy' or 'Baby Girl' in the first name field and enter the parent's last name in the last name field.

(This item identifies the decedent.)

Item 2 - Sex

Enter male or female. If sex cannot be determined after verification with medical records, inspection of the human remains, or other sources, enter "Unk" or "U" for unknown. Do not leave this item blank.

(This item aids in the identification of the decedent. It is also used in research and statistical analysis to determine sex-specific mortality rates.)

Item 3 - Death Date

Enter the month, day, and four-digit year that death occurred. Enter the full name or the first three letters of the month, e.g., Jan., Feb., Mar.

Sample for known date of death: (MMM/DD/YYYY)

1. NAME First Middle Last				2. SEX (M/ F)		3. DEATH DATE (Mo. Day. Yr) April 03, 2000		
4. AGE LAST BIRTH-DAY (Yrs)	5. UNDER 1 YEAR MOS DAYS		6. UNDER 1 DAY HOURS MINS		7. BIRTHDATE (Mo. Day. Yr)	8. BIRTHPLACE (City, State or Foreign Country)	9. WAS DECEDENT EVER IN U.S. ARMED FORCES/ (Yes / No)	10. COUNTY OF DEATH

Consider a death at midnight to have occurred at the end of one day rather than the beginning of the next. Pay particular attention to the entry of month, day, or year when the death occurs around midnight or on December 31. For instance, the date for a death that occurs at midnight on December 31 is recorded as December 31.

If the exact date of death is unknown, the person completing the medical certification should approximate the date. "Approx." is placed before the date. When an accident date is known and the body is found later, use the true accident date as the date of death. When the date is not known or approximated and the remains are found later, enter "Found" and the date the remains were found.

Sample for "Approximated" date of death:

1. NAME First Middle Last				2. SEX (M/ F)	3. DEATH DATE (Mo. Day. Yr) Approx. March 25, 2000	
4. AGE LAST BIRTH- DAY (Yrs)	5. UNDER 1 YEAR MOS DAYS		6. UNDER 1 DAY HOURS MINS	7. BIRTHDATE (Mo. Day. Yr)	8. BIRTHPLACE (City, State or Foreign Country)	9. WAS DECEDENT EVER IN U.S. ARMED FORCES/ (Yes / No)
10. COUNTY OF DEATH						

Sample for "Found" date of death:

1. NAME First Middle Last				2. SEX (M/ F)	3. DEATH DATE (Mo. Day. Yr) Found November 14, 2000	
4. AGE LAST BIRTH- DAY (Yrs)	5. UNDER 1 YEAR MOS DAYS		6. UNDER 1 DAY HOURS MINS	7. BIRTHDATE (Mo. Day. Yr)	8. BIRTHPLACE (City, State or Foreign Country)	9. WAS DECEDENT EVER IN U.S. ARMED FORCES/ (Yes / No)
10. COUNTY OF DEATH						

(This item is used in conjunction with the hour of death to establish the exact time of death of the decedent. Epidemiologists also use date of death in conjunction with the cause-of-death information for research on intervals between injuries, onset of conditions and death.)

Items 4, 5, 6 - Age

Make one entry only in either item 4, 5, or 6, depending on the age of the decedent. Place age in the appropriate unit box.

Item 4 - Age - Last Birthday (Years)

Enter the decedent's exact age in years at his or her last birthday. If the decedent was under 1 year of age, leave this item blank.

Item 5 - Under 1 Year (Months, Days)

Enter the exact age in either months or days at time of death for infants surviving at least one day.

If the infant was between one and 11 months of age, enter the age in completed months. If the infant was less than one month old, enter the age in completed days. If the infant was over one year or under one day of age, leave this item blank.

Item 6 - Under One Day (Hours, Minutes)

Enter the exact number of hours or minutes lived for infants who did not survive an entire day.

If the infant lived between one and 23 hours, enter the age in completed hours. If the infant was less than one hour old, enter the age in minutes. If the infant was more than one day old, leave this item blank.

(Information from this item is used to study differences in age-specific mortality and to plan and evaluate public health programs.)

Item 7 - Birthdate (Month, Day, Year)

Enter the exact month, day, and four-digit year that the decedent was born. Enter the full name or the first three letters of the month, e.g., Jan., Feb., Mar. or use a two-digit number for the month and year. (MMM/DD/YYYY or Oct/20/2000 or 10/20/2000) Compare to the date of death and age of last birthday for accuracy.

(This item is useful in identification of the decedent for legal purposes. It also helps verify the accuracy of the age item.)

Item 8 - Birth Place

If the decedent was born in the United States, enter the name of the city and the state abbreviation. See Appendix G for State abbreviations. If no information is available regarding city or state of birth, enter "Unknown" for either of these fields.

If the decedent was not born in the United States, enter the name of the country of birth whether or not the decedent was a U.S. citizen at the time of death.

If the decedent was born in a foreign country but the country is unknown, enter "Foreign-unknown."

If no information is available regarding place of birth, enter "Unknown."

(This item is used to match birth and death certificates of a deceased individual. Matching these records provides information from the birth certificate that is not contained on the death certificate and may give insight into conditions that led to death. Information from the birth certificate is especially important in examining the causes of infant mortality.)

Item 9 - Was the Decedent Ever in the U.S. Armed Forces?

If the decedent ever served in the U.S. Armed Forces, enter "Yes." If not, enter "No." If you cannot determine whether the decedent served in the U.S. Armed Forces, enter "Unknown." Do not leave this item blank.

(This item is used to identify decedents who were veterans. This information is of interest to veteran groups.)

Item 10 - County of Death

Enter the name of the county where death occurred. Enter the county in which the remains are found, unless there is evidence that the death occurred in another county.

If the death occurred on a moving conveyance (e.g., train, or bus,) in the United States and the remains were first removed from the conveyance in Washington State complete a death certificate and enter as the place of death the address where the remains were first removed from the conveyance.

If the death occurred on a moving conveyance in international waters, international airspace, or in a foreign country or its airspace and the remains was first removed from the conveyance in Washington State, register the death in Washington State but enter the actual place of death as it can be determined.

This item must not be left blank or marked unknown.

(Information on place of death is needed to determine who has jurisdiction for deaths that legally require investigation by a medical examiner or coroner. This information is also used to compile county level statistics on Washington State deaths by residence and occurrence.)

Item 11 - City, Town, or Location of Death

Enter the name of the city, town, or location where death occurred.

Examples:

- ◆ 5 miles SE of McKenna on Nisqually River
- ◆ mile post 352 US Highway 101.

(This information is used to compile city-level statistics on Washington State deaths by occurrence.)

Item 12 - Place of Death

Check the box for the type of place where the decedent was pronounced dead and give the address or institution name.

- 1) Home
- 2) In Transport
- 3) Emergency Room/Outpatient
- 4) Hospital (Inpatient)
- 5) Nursing Home
- 6) Other Place

If the decedent was pronounced dead at a licensed long-term care facility that is not a hospital (e.g., a nursing home, a convalescent home, an old age home or a hospice), check the 'nursing home' box. If death was pronounced at a licensed ambulatory/surgical center or birthing center, check "Other." If "Other" is checked, specify where death was legally pronounced, such as a physician's office, the highway where a traffic accident

occurred, a ship, at work, or at another person's home.

If the place of death is not known and the human remains are found at a later date, enter the place where the remains were found as the place of death.

Non hospital deaths

Box 1 Home: This is the decedent's residence.. Enter the full address including street and city.

Box 5 Nursing Home: This can be a nursing home, convalescent center or hospice.

Box 6 Other Place: This can be any other place that is not listed in the above categories. This could be a clinic or doctor's office, motel, public building, a plane, boat or at a particular mile post on a highway.

Examples:

- ◆ 1160 South Pine;
- ◆ Mile Post 163 of I-90;
- ◆ 2 miles south of Lake Cushman, Olympic National Park
- ◆ SS Emerald Seas (at sea)
- ◆ Northwest Airlines Flight #166 (in flight)

Hospital deaths

Box 2 In Transit: This could be a person who died in an ambulance or emergency squad vehicle. After the box is checked, enter the full name of the hospital.

Box 3 Emergency Room/Out Patient: This could be a person died in the emergency room or was an outpatient in the hospital.

Box 4 Hospital: This could be a person who was a patient in the hospital.

(This information is used to compile state level statistics on Washington State deaths by type of place.)

Item 13 - Smoking in Last 15 Years

Enter "yes" if the decedent smoked in the last 15 years. Otherwise, enter no. Do not leave this item blank. If the informant does not know, enter "unk" for unknown.

(Cigarette smoking is the chief avoidable cause of premature mortality in the United States. Information on smoking in the last 15 years is used to identify groups at high risk of smoking and to identify groups or occupations in which nonsmokers may be at high risk of dying from respiratory disease.)

Item 14 - Marital Status

Enter the marital status of the decedent at time of death. Specify one of the following: Married, never married, widowed, or divorced. A person is legally married even if separated. If a person was legally separated, you may enter "legally separated." A person is no longer legally married when the judge signs the divorce order.

If marital status cannot be determined, enter "Unknown." Do not leave this item blank.

(This information is used to compile state level statistics by marital status.)

Item 15 - Surviving Spouse

If the decedent was married at the time of death, enter the full name of the surviving spouse.

If the surviving spouse is the wife, enter her full maiden name.

If the spouse died before the decedent, you may enter the name of the deceased spouse. if you type "deceased" after the name. (For example, "Jane Smith, deceased.") This is usually added if the family member informant asks to have the name entered. Otherwise do not enter that name.

If the decedent was divorced, do not enter the name of the divorced spouse.

(This item is used in genealogical studies and in establishing proper insurance settlement and other survivor benefits.)

Item 16 - Social Security Number

Enter the social security number of the decedent. This must be a nine digit number. Please double check with the informant regarding the correct social security number. Errors frequently occur on this item.

(This item is useful in identifying the decedent and facilitates the filing of social security claims.)

Item 17 - Decedent's Education

Enter only the highest grade completed. **An entry should be made in only one of the spaces.** Leave the other space blank. Enter the elementary or secondary (0-12) grade completed. Report only those years of school that were completed. Count 12 years of schooling for a person who has passed the GED [General Educational Development]. If college is the highest grade completed enter the College level completed. For example, if a person graduated from college, the grades completed is 4 years even if it took them more than four years to complete college. A person who enrolls in college but does not complete one full year should not be identified with any college education in this item. If a person attended graduate school enter 5+ years.

45 Quarter hours = 1 year of college.
30 semester hours = 1 year of college.

Count only formal schooling. Do not include beauty, barber, trade, business, technical, or other special schools when determining the highest grade completed.

When the informant cannot provide the decedent's education, enter "unk" or "unknown." Do not leave this item blank.

(This information can be used in conjunction with a number of death variables to assist in determining the socio-economic status of the decedent.)

Items 18 and 19 - Occupation and Industry of Decedent

These items are to be completed for all decedents regardless of age. Enter the information even if the decedent was retired, disabled, or institutionalized at the time of death. If the decedent was under the age of 18, enter Infant, Child or Student in the *Occupation and Industry* items. The *Occupational & Industry* entries must be very specific to determine exactly what the decedent did. See Appendix G.

Item 18 - Decedent's Usual Occupation as an Occupation.

Enter the usual occupation of the decedent. This may not be the last occupation of the decedent. "Usual occupation" is the kind of work the decedent did during most of his or her working life, such as claims adjuster, farmhand, fruit picker, coal miner, janitor, store manager, English professor, civil engineer. If the decedent was a teacher, specify elementary or high school, or college.

If the decedent was a homemaker at the time of death but had worked outside the household during his or her working life, enter that occupation. If the decedent worked in someone else's home, enter "housekeeper." If the decedent was a "homemaker" during most of his or her working life, and never worked outside the household, enter "Homemaker."

Enter "Student" if the decedent was a student at the time of death and was never regularly employed during his or her working life. If the decedent was disabled, enter "disabled."

Item 19 - Kind of Business/Industry

Enter the kind of business or industry to which the occupation listed in #18 is related. The industry entry should be as specific as possible and distinguish between manufacturing (plywood mill, aluminum plant), sales (wholesale auto parts, grocery store), or service industries (dry cleaning, county clerk). Do not enter a company, firm or organization name if at all possible.

Example: #18 Occupation: saw filers

#19 Business/Industry: lumber mill

If the decedent was a homemaker during his or her working life, and "Homemaker" is entered as the decedent's usual occupation in item #18, enter "Own home" or if item #18 states "housekeeper enter "Someone else's home."

If the decedent was a student at the time of death and "Student" is entered as the decedent's usual occupation in item #18, enter the type of school, such as high school or college, in item #19.

(These items are useful in studying job-related death and in identifying job-related risk areas. For example, correlating asbestos used in particular occupations in the shipbuilding industry to respiratory cancer is possible with this information.)

Item 20 - Was Decedent of Hispanic Origin or Descent?

Circle "Yes" if the decedent is of Hispanic origin or descent. Otherwise, circle "No." If "Yes," specify the type of Hispanic origin or descent such as Mexican, Mexican-American, Chicano, Puerto Rican, Cuban, or other Hispanic. Do not leave this item blank.

Note that origin and race are separate characteristics. Therefore, persons reporting Hispanic origin may be of any race (White, Black, American Indian, etc.).

A person is of Hispanic origin or descent if the person identifies his or her ancestry with Mexican, Mexican-American, Chicano, Puerto Rican, Cuban, or other Hispanic groups. Origin or descent (ancestry) is viewed as the nationality group, the lineage, or country in which the person or the person's parents or ancestors were born.

(Responses to this item provide badly needed origin data and is used to compile death statistics by ethnicity. In conjunction with natality and census data, these data are used to estimate the state's Hispanic origin population, and provide information on individual groups within the Hispanic origin population. This information is used to compile death statistics by ethnicity.)

Item 21 - Race of the Decedent

Specify the racial group or groups with which the person most closely identified such as White, Black or African American, Japanese, Chinese, Filipino, Korean, Vietnamese, American Indian, Asian Indian, Hawaiian, Guamanian, Samoan, Eskimo, Aleut, or other racial groups. In the case of more than one race of the decedent, enter all races that apply such as Japanese/Hawaiian, American Indian/Black. Please place a slash (/) between different races when more than one race is entered. If the decedent is Asian, specify the subgroup, such as Chinese or Korean, rather than putting "Asian."

(Race is essential for identifying specific mortality patterns and leading causes of death among different racial groups. Race is an important variable in planning for and evaluating the effectiveness of health programs. In conjunction with natality and census data, these data are also used to estimate the state's population by race.)

Item 22 - Residence--Street and Number

Enter the number and street name of the place where the decedent lived.

If there is no number or street name, enter the rural route number or rural route box number.

Examples:

- ◆ RR 10, Box 6
- ◆ Box 8

If the decedent was homeless, enter the residence as “transient.”

If the decedent was living at a temporary residence for a minimum of 6 months, enter that address (e.g. a nursing home or adult care facility). If the decedent lived at a temporary residence for less than 6 months, enter the last known permanent residence.

If the decedent was an infant who never resided at home, the place of residence is that of the mother or legal guardian. Do not use an acute care hospital as the place of residence for any infant.

Item 23 - Residence--City, Town, or Location

Enter the name of the city, town, or location in which the decedent lived. This may differ from the city, town, or location used in the mailing address in item #31.

(This information is used to compile city-level statistics on Washington State deaths by residence.)

Item 24 - Residence--Inside City Limits?

Enter "Yes" if the location entered in 23 is within incorporated boundaries. Otherwise, enter "No." If this item is unknown, enter “Unknown” or “Unk.”

(This information is used to compile city-level statistics on Washington State deaths by residence.)

Item 25A - Residence--County

Enter the name of the county in which the decedent lived. If the county is unknown, refer to the Washington State City/County Listing in Appendix D.

(This information is used to compile county-level statistics on Washington State deaths by residence.)

Item 25B - Length of Residence in County

Enter the number of years the decedent lived in the county of residence listed in item 25A. If the length of time is less than one year, enter the number of months. If the length of time is years and months, enter 15 Years 3 Months. If the time period is not known, enter 'Unk' or 'Unknown.' **This item must not be longer than the age of the decedent.**

(Epidemiologists may use length of residence in conjunction with the cause-of-death for research on environmental hazards.)

Item 26 - Resident--State

Enter the name of the state in which the decedent lived. You may use the two- letter abbreviation such as WA for Washington. This may differ from the state in the mailing address. If the decedent was not a resident of the United States, enter the name of the country.

(This information is used to compile state-level statistics on Washington State deaths by: residence and occurrence.)

Item 27 - Residence--Zip Code

Enter the Zip + 4 digit zip code of the place where the decedent lived. This may differ from the Zip + 4 zip code used in the mailing address. Canadian postal codes are permitted.

(Mortality data by residence are used with population data to compute death rates for detailed geographic areas. These data are important in environmental studies. Data on deaths by place of residence of the decedent are also used to prepare population estimates and projections. Local officials use this information to evaluate the availability and use of services in their area. This information is also used to compile city-level statistics on Washington State deaths by residence. Information on Zip + 4 codes and whether the decedent lived inside city limits is valuable for studies of deaths for small areas.)

Parents of the Decedent (Items 28-31)

Item 28 - Father's Name

Type or print the first, middle, and last name of the father of the decedent. If the father's name cannot be obtained, enter "unknown."

Item 29 - Mother's Name

Type or print the first, middle, and maiden last name of the mother of the decedent. This is the name given at birth or adoption, not a name acquired by marriage. Compare to the father's name to assure that the mother's maiden name is used.

(The maiden name is important for matching the record with other records because it remains constant

throughout a lifetime, in contrast to other names that may change because of marriage or divorce. These items are also of importance in genealogical studies. The names of the decedent's mother and father aid in identification of the decedent's record.)

Item 30 - Informant's Name

Type or print the name of the person who supplied the personal facts about the decedent and his or her family. **This item cannot be marked unknown.**

Item 31 - Mailing Address

Enter the complete mailing address of the informant whose name appears in item 30. Enter the street and house number or rural route number and the city or town and state. Be sure to include the Zip Code. **This item cannot be marked unknown.**

(The name and mailing address of the informant are used to contact the informant when inquiries must be made to correct or complete any items on the death certificate.)

The Disposition (Items 32-38)

Item 32 - Method of Disposition

Enter the method of disposition of the decedent's human remains: burial, cremation, removal from state or other. If you choose other, specify by entering the method of disposition in the space provided, e.g., entombment.

If the human remains are to be used by a hospital or a medical or mortuary school for scientific or educational purposes, enter "Donation" and specify the name and location of the institution in items 34 and 35. "Donation" refers only to the entire body, not to individual organs.

Sample:

32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Donation	33. DATE (Mo, Day, Yr) May 12, 2001	34. CEMETERY/CREMATORY—NAME University of WA Medical School	35. LOCATION—CITY/TOWN, STATE Seattle WA
36. FUNERAL DIRECTOR SIGNATURE x	37. NAME OF FACILITY	38. ADDRESS OF FACILITY	

When a hospital disposes of a fetus, you may enter "Pathology Department." Enter the date disposed in item 33 and enter the hospital name and address in items 34 and 35.

Sample:

32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Pathology Dept.	33. DATE (Mo, Day, Yr) June 14, 2001	34. CEMETERY/CREMATORY—NAME University of WA Medical School	35. LOCATION—CITY/TOWN, STATE Seattle, WA
36. FUNERAL DIRECTOR SIGNATURE x		37. NAME OF FACILITY	38. ADDRESS OF FACILITY

Item 33 - Date of Disposition

Enter the month, day and four digit year of disposition. Enter the full name or the first three letters of the month, e.g., Jan., Feb., Mar. [MMM/DD/YYYY]

Item 34 - Place of Disposition (Name of cemetery, crematory, or other place)

Enter the name of the cemetery, crematory, or other place of disposition. If the human remains are removed from the state, specify the name of the cemetery, crematory, or other place of disposition to which the human remains are removed.

If the human remains are to be used by a hospital or a medical or mortuary school for scientific or educational purposes, give the name of that institution. If the hospital disposes of a fetus, enter hospital name.

This item may be left blank if the disposition is pending. However, the funeral director must add this information later by filing an *Affidavit for Correction* when disposition is known.

Item 35 - Location of Disposition

Enter the name of the city or town and the state where the place of disposition is located. You may use a two-letter abbreviation for the state, such as WA for Washington.

If the body of the decedent is to be used by a hospital or a medical or mortuary school for scientific or educational purposes, enter the name of the city, town, or village and the state where that institution is located.

If item 32 is "Pathology Department" enter the address of the hospital.

If there are any questions about how to record the place of disposition, contact the state or local registrar.

(Items 32-35 indicate whether the body was properly disposed of as required by law. It also serves to locate the body if in the future exhumation, autopsy, or transfer is required.)

Item 36 - Signature of Funeral Director

A licensed funeral director must sign the death certificate using black ink. Rubber stamps

or facsimile (fax) signatures are not permitted. An apprentice is not authorized to sign the certificate. If a family member is acting in place of a funeral director, a family member must sign in this space.

Item 37-38 - Name and Address of Facility

Enter the name and complete address of the facility handling the human remains prior to burial or other disposition. If a family member is acting as funeral director, enter “family - home” for item 37 and enter the home address for item 38.

Certifier (Items 39-49)

The physician, coroner or medical examiner must complete items 39-60.

Items 39 - 42 - Certifying physician

Item 39 - Signature and Title of Physician

The attending or certifying physician must sign this item in black ink and enter his or her degree or title. The attending physician is responsible for certifying the cause-of-death because he or she is the best person to decide which of several conditions was directly responsible for death and what antecedent conditions, if any, gave rise to the direct cause. Only when the attending physician is unavailable to certify the cause-of-death at the time of death will another physician pronounce death. *Only licensed physicians, osteopaths (MD or DO), physician’s assistants, chiropractors or advanced registered nurse practitioners (ARNP) may certify the certificate. Other health care providers are not authorized to certify a death certificate. RCW 18.57.150; 080 and 180; WAC 246-918-130*

Rubber stamps or facsimile signatures are not permitted.

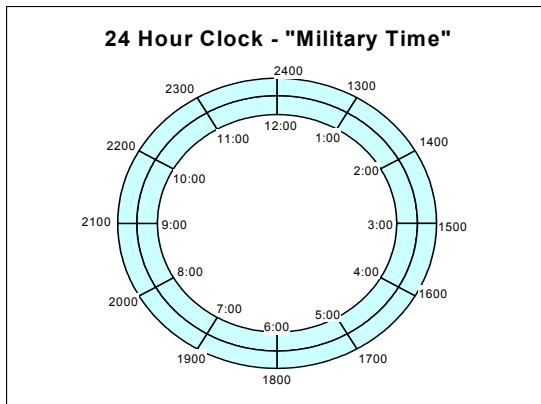
Items 40 - Date Signed (Month, Day, Year)

The physician who signs the certificate must enter the exact month, day, and year of death. Enter the full name or the first three letters of the month, e.g., Jan., Feb., Mar.

(This information is useful for quality control because it indicates that the attending physician provides the medical certification.)

Items 41 - Hour of Death

The physician who signs the certificate must enter the exact time of death according to local time. **Use 24-hour time.** [If daylight savings time is the official prevailing time when death occurs, it is used to record the time of death.] **Do not leave this item blank.**



This chart is a conversion from standard to military time. (1:00 PM = 1300 military)

**Note: Midnight is 2400 hours.
(Not 0000)**

(This item establishes the exact time of death, which is important in inheritance cases when there is a question of who died first. This is often important in the case of multiple deaths in the same family.)

Item 42 - Name and Title of Attending Physician if Other than Certifier

If there was an attending physician other than the certifier, enter his or her name. When there is no attending physician, leave this item blank.

Item 43-47 and 49 - Medical Examiner/Coroner

Item 43 - Medical Examiner/Coroner Signature

The medical examiner, coroner or prosecuting attorney having jurisdiction must sign this item if the death occurred as a result of an accident or by unnatural or unlawful means or under suspicious circumstances. If none of the above officials are available, the health officer having jurisdiction must sign and certify the certificate.

The local registrar is required to refer cases with the following causes of death to the medical examiner or coroner.

asphyxia	fracture
bolus	FX
choking	ORIF (Open Reduction of fracture)
emboli	overdose
embolus	remote or old injuries (traffic, neck, etc.)
exsanguination	surgery or surgical procedures
fall	unknown.

The local registrar is required to refer the following cases if they appear without an underlying cause-of-death:

cardiac arrest	sepsis
cardiopulmonary arrest	subarachnoid hematoma
emboli	subdural hematoma

embolus
pneumonia
pulmonary arrest
respiratory arrest

sudden death
old age
failure to thrive
starvation.

For additional circumstances, refer to Appendix B for *RCW 68.50.010*.
Rubber stamps or facsimile (fax) signatures are not permitted.

Item 44 - Date Signed

The medical examiner or coroner who signs the certificate must enter the month, day and year of the death. Enter the full name or the first three letters of the month, e.g. Jan., Feb., Mar. This is completed only when item 43 is completed.

Item 45 - Hour of Death

The medical examiner or coroner who signs the certificate must enter the time of death according to local time. **Use 24-hour time.** [If daylight saving time is the official prevailing time when death occurs, it is used to record the time of death.] Refer to the time clock in item 41.

Item 46 - Date Pronounced Dead

This is completed only when item 43 is completed. Enter the exact month, day and year that the decedent was pronounced dead.

(This is used to identify the date the decedent was legally pronounced dead. This information is very helpful when a coroner or medical examiner pronounces a death date for someone who has been dead for sometime.)

Item 47 - Hour Pronounce Dead

The medical examiner or coroner must enter the time of death according to local time, if item 43 is completed. **Use 24-hour time.** [If daylight saving time is the official prevailing time when death occurs, it is used to record the time of death.]

Item 48 - Name and Address of Certifier

Enter the name and address of the Physician, Medical Examiner or Coroner certifying the death certificate. Include street or post office box, city, state and zip code.

Item 49 - Medical Examiner/Coroner File Number

This item is provided for medical examiners or coroners who assign a file number to each case they process. This item must be completed if the case is assigned a file number.

(This information provides for follow-up when researching a death under the jurisdiction of the medical examiner or coroner).

Cause-of-death (Items 50-60)

Why is Cause-of-Death Information Important?

Cause-of-death data is important for public health surveillance, medical research, design of interventions, and funding decisions for research and development. Information from the death certificate is used by state and local health jurisdictions, university researchers, non-profit organizations, private foundations, other state agencies, and the federal government for health assessment, disease and injury prevention, health promotion, population estimates and child death review activities. The death certificate system provides the basis for case control studies.

d th id i l i l k th t i t i l t i i bli h lth

Items 50 - 51 - Cause-of-death

Item 50 - Cause-of-death

The cause-of-death means the disease, abnormality, injury, or poisoning that caused the death, not the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Enter the diseases, injuries, or complications that caused the death.

These items are to be completed by the attending physician or medical examiner or coroner who certifies to the cause-of-death. There must be an entry in the cause-of-death, even if the cause is shown as "Pending investigation" or "Pending." The certifier should list only one cause-of-death per line.

The coroner or medical examiner has jurisdiction over the human remains of all deceased persons who come to their death suddenly when in apparent good health without medical attendance within 36 hours preceding death.

In item 50 the **immediate** cause-of-death is reported on line (A). Antecedent conditions, if any, which gave rise to the cause are reported on lines (B), (C), and (D). The **underlying** cause-of-death should be reported on the last line used in item 50. **ONLY ONE CAUSE SHOULD BE ENTERED ON EACH LINE.** Additional lines may be

added if necessary. If an organ system failure such as congestive heart failure, hepatic failure, renal failure, or respiratory failure is listed as a cause-of-death, always report an etiology for the end stage condition on the line(s) beneath it, e.g., congestive heart failure due to ischemic cardiomyopathy.

For each cause, indicate the best estimate of the interval between the presumed onset and the date of death. The terms “approximately” or “unknown” may be used. **DO NOT** leave blank.

The words “DUE TO, OR AS A CONSEQUENCE OF,” which are printed between the lines of ITEM 50, apply to etiological or pathological sequences as well as to sequences in which an earlier condition is believed to have prepared the way for a subsequent cause by damage to tissues or impairment of function.

For statistical and research purposes, it is important that the causes of death and, in particular, the underlying cause-of-death be reported as specifically and as precisely as possible. The causes reported will be coded and tabulated in the statistical offices according to the latest revision of the International Classification of Diseases. Tenth Revision (ICD-10), began implementation in the United States on January 1, 1999. In instances where it is plain that the certifier did not understand the arrangement of the cause-of-death section, an arbitrary set of rules for selection of the underlying cause-of-death comes into play. Therefore, by giving care and attention to the completion of the cause-of-death section, the medical certifier has the responsibility and opportunity to make the statistics for both underlying and multiple causes of death reflect the best medical opinion.

(Cause-of-death is a very important statistical and research item on the death certificate. It provides medical information that serves as a basis for describing trends in human health and mortality and for analyzing the conditions leading to death. Mortality statistics provide a basis for epidemiological studies that focus on leading causes of death by age, race, and sex e.g., heart disease, cancer. These statistics also provide a basis for research in disease etiology and evaluation of diagnostic techniques, which in turn lead to improvements in patient care.)

Item 51 - Other Significant Conditions

Enter all other significant diseases or conditions that contributed to death but did not result in the underlying cause-of-death as given in Item 50. If two or more possible sequences resulted in death, report in Item 50 the one that in your opinion most directly caused death. Report in Item 51 the other conditions or diseases.

Item 52 - Autopsy

Enter "Yes" if either a partial or full autopsy was performed. Otherwise, enter "No." **Do not leave this item blank.**

If additional medical information or autopsy findings become available that would

change the cause-of-death originally reported, the certifier should amend the original death certificate promptly through use of an *Affidavit for Correction*. This affidavit should be sent to:

***Center for Health Statistics
PO Box 47814
Olympia, WA 98504-7814***

(An autopsy is important in giving additional insight into the conditions that led to death. This additional information is particularly important in arriving at the immediate and underlying causes in deaths due to external causes and Sudden Infant Death syndrome.)

Item 53 - Was Case Referred to Medical Examiner/Coroner?

Enter "Yes" if the medical examiner or coroner was contacted in reference to this case. Otherwise, enter "No." **Do not leave this item blank.**

Deaths in which an accident, suicide, or homicide has occurred **must be referred to the coroner or medical examiner**. See *RCW 68.50.010* for other circumstances that require the coroner or medical examiner to be contacted.

(This item records whether the medical examiner or coroner was informed when the circumstances required such action. It is the physician's responsibility to ensure that necessary referrals are made.)

Items 54-60 - Injury and Poisoning

If any injury or poisoning is reported **anywhere** on the death certificate, items 54-60 must be completed. Enter the exact and specific information requested in each item. In item 57, explain the specific cause or circumstances of the injury or poisoning.

Item 54 - Manner of Death

In those cases when an accident, suicide, or homicide has occurred, the medical examiner or coroner must be notified. If the medical examiner or coroner does not assume jurisdiction, the physician should check the appropriate manner of death and describe the injury and accident in items 54-60.

(In cases of accidental death, this information is used to justify the payment of double indemnity on life insurance policies. It is also used to obtain a more accurate determination of cause-of-death. Information from this item is used in conjunction with the cause-of-death to compile state, county and city-level statistics on accidents, suicide, homicide and undetermined causes of death).

Item 55 - Injury Date

Enter the month, day, and year that the injury occurred. Enter the first three letters of the month, e.g., Jan., Feb., Mar. and four digit year. (MMM/DD/YYYY).

Note: The date of injury must be on or before the date of death.

Item 56 - Hour of Injury

Enter the exact time that the injury occurred. **Use 24 hour time.** Use prevailing local time. [If daylight saving time is the official prevailing time when death occurs, it is used to record the time of death.] Give an estimated time of injury when the exact time is impossible to determine. Refer to the clock in item #41.

Item 57 - Describe How the Injury Occurred

Briefly and clearly describe how the injury occurred, explaining the circumstances or cause of the injury or injuries, such as "fell off ladder while painting house," or "driver involved in a car-truck collision." For motor vehicle accidents, indicate whether the decedent was a driver, passenger, or pedestrian and indicate the type of vehicle e.g. car, van, pickup truck. Give as much detail of the accident as possible: run off the road, crossed the centerline.

For weapon injuries, please specify the type of weapon, e.g., pistol, shotgun, rifle.

Item 58 - Injury at Work?

Fatal occupational injuries are specified in item 58. Enter "Yes" if the injury occurred while the decedent was at work.

For example:

- ◆ if the decedent was on an assembly line while in a factory;
- ◆ if the decedent was on employer premises engaged in work activity;
- ◆ if the decedent was participating in an apprenticeship or vocational training;
- ◆ if the decedent died while traveling on business, including to and from customer business contacts.

If the injury did not occur at work, enter "No." If this cannot be determined, enter "Unknown."

The Center continually seeks to improve the quality of reporting for fatal occupational injuries. Refer to Appendix C for "Injury At Work" Criteria.

Item 59 - Place of Injury

Enter the general category of the place where the injury occurred. Do not enter organization names or street addresses. Specify the location using the prompts as a guide.

Item 60 - Location

Enter the complete address where the injury took place. If the injury took place at home,

enter the street name and house number or rural route address including the city and state.

Examples:

- Mileposts
- Nisqually refuge
- I – 82 at Columbia River Bridge
- Railroad Crossing

Registrar (Items 61-63)

Item 61 - Record Amendment (Registrar use only)

This item is to be used only by the local registrar, a deputy registrar or a designated employee at the Center for Health Statistics. This space is available to record the item number, evidence of proof, reviewer and date of correction made to the face of the certificate.

Item 62 - Registrar's Signature

The local registrar (Health Officer) or, in his or her absence the deputy registrar signs the death certificate when they accept it for filing. The deputy registrar is any person appointed by the health officer to be deputy registrar. If you are the deputy registrar signing the death certificate, sign your name followed by “deputy.” *RCW 70.58.020*

Sample:

61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY REVIEWED BY DATE EVIDENCE	62. REGISTRAR SIGNATURE X Molly Edwards, Deputy Registrar	63 .. DATE RECEIVED (Mo., Day, Yr.) May 3, 2000
---	--	---

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

(This documents that the certificate was accepted and filed by the registrar.)

Item 63 - Date Received

The registrar enters the date that the certificate is filed with the local health department. Use a four-digit year, e.g., May 3, 2000 or 5/3/2000.

(This date documents whether the death certificate was filed within the time period specified by law.)

***COMPLETING THE FETAL DEATH
CERTIFICATE***

About the Fetus (Items 1-8)

Item 1 - Fetus Name

Enter the first, middle and last name of the fetus. If the mother does not want to name the fetus, leave the space for the first and middle names blank and enter the mother's last name or maiden name in the "Last" name space. Do not enter "NMN" or "NMI".

(This item is used to identify the record.)

Item 2 - Sex

Enter male, female, or "M" or "F". If the sex is not determined at delivery, enter "unknown" or "unk" and attach a note to the certificate explaining the circumstances. Do not leave this item blank.

(This item is used to measure fetal mortality by sex.)

Item 3 - Date of Delivery (Month, Day, Year)

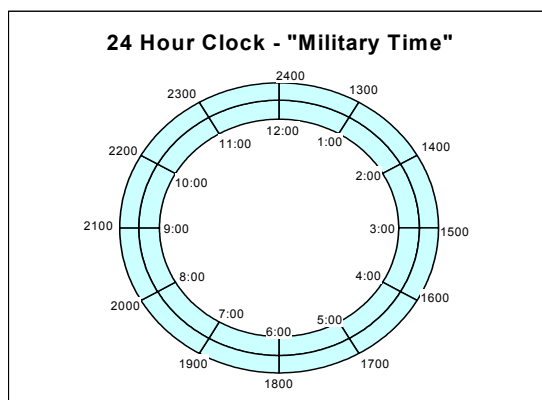
Enter the month, day, and four-digit year the fetus was delivered. Enter the first three letters of the month such as "Mar" for March. [mmm/dd/yyyy i.e. Mar/15/2000]

Consider a delivery exactly at midnight to have occurred at the end of one day rather than the beginning of the next day. Pay particular attention to the entry of month, day or year when the delivery occurs around midnight or on December 31. For instance, the date for a death that occurs at midnight on December 31 is recorded as December 31.

(This time is used together with date of last normal menses to calculate length of gestation. It is also used for health statistics and research studies.)

Item 4 - Time of Delivery

Enter the exact local time that the fetus was delivered. Twenty-four hour time is preferred; however, if a.m. or p.m. is used, enter the exact time in hours and minutes followed by a.m. or p.m.



This chart is a conversion from standard to military time. (1:00 PM = 1300 military)

***Note: Midnight is 2400 hours.
Not 000***

Item 5 - Place of Delivery

Indicate the type of place in which the delivery occurred by checking the appropriate box.

1. HOSPITAL - Deliveries occurring in a hospital either as inpatient or emergency room.
2. ENROUTE - Deliveries occurring on the way to hospital, birth center, clinic or doctor's office. NOTE: Provide the name of this hospital or birth center in item 6.
3. BIRTH CENTER -Deliveries occurring in a freestanding licensed birthing center (not located in a hospital).
4. CLINIC/ DOCTOR'S OFFICE -Deliveries that have occurred in a clinic, doctors office or other non hospital outpatient facility.
5. HOME -Deliveries in residence; this includes either the normal residence of the mother or some other residence such as that of a friend or relative.
6. OTHER -Deliveries on planes, busses, trains, ships and deliveries away from normal places of residence such as on camping trips, hiking trips,

etc.

Item 6 - Name of Facility

Enter the full name of the hospital or facility where the delivery occurred. When delivery occurs outside a hospital or facility, enter the name of the place and the street address or location. Do not enter a mailing address or Post Office Box Number.

If the delivery occurred enroute to or on arrival at a facility, enter the full name of the hospital or medical facility followed by "en route". If the delivery occurred on a moving conveyance that was not enroute to a facility, enter the address where the fetus was first removed from the conveyance.

Item 7 - City, Town or Location

Enter the name of the city or town where the delivery occurred, regardless of size. For deliveries occurring on a moving conveyance, enter the City, Town or Location where the fetus was first removed from the conveyance.

Item 8 - County of Delivery

Enter the name of the county where the delivery occurred. For deliveries occurring on a

moving conveyance, enter the county where the fetus was first removed from the conveyance. Refer to Appendix D for the Washington State City/County Listing.

(These items (7-8) identify the place of delivery. This information is used to study relationships of hospital and non-hospital pregnancy termination. Place of delivery information together with residence information provides data to evaluate the supply and distribution of health services.)

About the Father (Items 9-11)

Item 9 - Father's Name: First, Middle, Last

Enter the first, middle, and last name of the father. If the informant does not give the middle name, the middle initial is acceptable. Do not enter "NMN" or "NMI."

When the mother is married at the time of delivery, her current husband is presumed to be the father of the child. Enter the husband's name as the father. This does not require a Paternity Affidavit. If the husband's information is not provided or if the mother refuses to provide the information, enter "None Named" in the father's first name field. Complete all other questions regarding the father if the mother has provided the information. If the other information about the father is not provided, enter "unknown," for each item.

When a mother is not married to the father of the child, it is acceptable to enter the father's name on the Fetal Death Certificate without completing a Paternity Affidavit. However, if they wish, the parents may complete a Paternity Affidavit. If they do complete the Affidavit, they have the following two options.

1. File the paternity affidavit with the hospital within 10 days of delivery.
2. Mail the paternity affidavit by certified mail to the Center for Health Statistics and pay the \$15 filing fee. Make check or money order payable to the Department of Health. (use the address in top left corner) **Do not send the Pink copy to the Division of Child Support.**

Item 10 - Date of Birth

Enter the month, day and four-digit year [mmm/dd/yyyy] of the father's birth date. Enter "Unknown" if this item is unknown or if item 9 [father's name] is stated as "none named".

(The date of birth used to calculate father's age, is important in the study of childbearing and health.)

Item 11 - State of Birth

If the father was born in the United States, enter the name of the state or province. If the father was born in a foreign country or territory or Canada, enter the name of the country

or territory. If the father's state of birth is unknown, enter "unknown."

(This item aids identifying the record).

About the Mother (Items 12-20)

Item 12 - Mother's Maiden Name: First, Middle, Last

Enter the first, middle and maiden name of the mother as given at her birth or legal adoption, not a name acquired by marriage.

(These items aid in identification of the decedent's record. The maiden name is important for matching the record with other records because it remains constant throughout a lifetime, in contrast to other names that may change because of marriage or divorce. These items are also of importance in genealogical studies.)

Item 13 - Date of Birth

Enter the month, day and four-digit year of the mother's birth date. (mmm/dd/yyyy)

(The date of birth of the mother is used to calculate mother's age, and is one of the most important facts in the study of childbearing and maternal health.)

Item 14 - State of Birth

Enter the name of the state or foreign country where the mother was born. If the birth place is not known, enter "Unknown."

The Mother's Residence

The mother's residence is the place where her household is located. This is not necessarily the same as her "home State," "voting residence," "mailing address," or "legal residence." The State, county, city, and street address should be for the place where the mother actually lives. Never enter a temporary residence such as one used during a visit, business trip, or vacation. Residence for a short time at the home of a relative, friend, or home for unwed mothers for the purpose of awaiting the delivery is considered temporary and should not be entered here. However, place of residence during a tour of military duty or during attendance at college is not considered temporary and should be entered on the report as the mother's place of residence.

If the mother had been living in a facility where an individual usually resides for a long period of time, such as a group home, mental institution, nursing home, penitentiary, or hospital for the chronically ill, this facility should be entered as the place of residence.

Do not use Post Office Box numbers. The nearest street or highway name may be used.

Item 15 - Mother's Residence: Number and Street

Enter the house number and street name of the place where the mother resides. If this place has no number and street name, enter the R.F.D. number, route number or a description of the location that aids in identifying the precise location of the residence.

Item 16 - Mother's Residence: City, Town or Location

Enter the name of the city, town, or location where the mother lives. This may differ from the city, town, or location used in her mailing address. If the location is not known, enter "unknown."

Item 17 - Mother's Residence: Inside City Limits

Enter "Yes" if the mother's residence is inside city limits. Enter "No" if the mother's residence is outside city limits. If this is not known, enter "Unknown."

Item 18 - Mother's Residence: County

The county of residence is the county in which the "city of residence" is located. Enter the name of the county in which the mother lives. If the county is not known refer to the City/County Listing in Appendix F.

Item 19 - Mother's Residence: State and Zip Code

Enter the name of the state and zip code in which the mother lives. This may differ from the state used in her mailing address. Use two letter abbreviations for the state. If the mother is not a US resident, enter the country of residence.

Item 20 - How Long at Current Residence?

Enter the number of years and months the mother has lived at her current residence. If the length of time is more than 11 months, break it down in years and months. For example if the length of time is for 16 months enter 1 year and 4 months, NOT 16 months. If it is less than 1 month, enter "00" year and "01" month. If the length of time is not known, enter "Unk" for years and "Unk for months."

(Statistics on fetal deaths are tabulated by place of residence of the mother. These data are used in planning for and evaluating community services and facilities, including maternal health programs.)

Local Registrar (Items 21-22)

Item 21 - Registrar's Signature

The local registrar or, in his or her absence, the deputy registrar signs this item. The position is designated as “deputy” if the deputy registrar signs. For example, Judy M. Anderson, Deputy. The local registrar’s [Health Officer] signature stamp may be used.

(The signature documents the fact that the certificate was filed and accepted by the registrar.)

Item 22 - Date Filed by Local Registrar

The local registrar or deputy registrar enters the date the certificate is filed.

(The date documents whether the fetal death certificate was filed within the time period specified by law.)

Disposition (Items 23-26)

Item 23 - Burial, Cremation, Removal, Other (specify)

Specify whether the type of disposition was “Burial,” “Cremation,” or “Removal.” If “Other,” specify the method of disposition, i.e. “entombment.” If the fetus is to be used by a hospital, or medical/mortuary school for scientific or educational purposes, enter “Pathology Department.” Enter the name and location of the institution in Items 25 and 26.

Item 24 - Date of Disposition

Enter the month, day and four digit year of disposition [mmm/dd/yyyy]. Enter the full name or first three letter of the month.

Item 25 - Cemetery and Crematory - Name

Enter the name of the cemetery or crematory, if applicable. If the fetus is removed to another area, give the name of the cemetery in that area to which the fetus is moved. If the name of the cemetery is not known, enter the name of the receiving funeral home. If the fetus is to be used by a hospital or medical/mortuary school for educational purposes, give the name of the institution. Enter the hospital name when the fetus is disposed of by the hospital.

Item 26 - Location (City or Town, State)

Enter the name of the city or town, and the state where the place of disposition is located. You may use a two-letter abbreviation for the state; such as WA for Washington.

If the fetus is to be used for scientific or educational purposes, enter the name of the city or town and state where the institution is located. [See item 23]

(These items (23-26) indicate whether the body was properly disposed of as required by law.)

Funeral Director (Items 27-29)

Item 27 - Funeral Director Signature

The funeral director or person acting as such first assuming custody of the fetus is charged with the responsibility for completing and signing the Fetal Death Certificate. An apprentice is not authorized to sign the certificate. If a family member is acting in place of a funeral director, a family member must sign in this space.

Item 28 - Name of Facility

Enter the name of the facility handling the fetus prior to burial or other disposition.

Item 29 - Address of Facility

Enter the complete address of the facility named in Item 28.

(These items (28-30) identify the person who is responsible for filing the certificate with the registrar.)

Cause-of-death (Items 30-32)

The cause-of-death means the disease, abnormality, injury, or poisoning that caused the death, not the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure.

The person who signs Item 36 shall complete these items.

Item 30 - Part I. Fetal and/or Maternal Conditions Directly Causing Fetal Death:

Enter on line (A) the fetal or maternal condition directly causing the fetal death. Enter on lines (B) and (C) fetal and/or maternal conditions, if any, giving rise to the immediate cause(s) on line (A), stating the underlying cause last.

These items are to be completed by the attending physician, medical examiner, or coroner who certifies the cause-of-death. There must be an entry in the cause-of-death, even if the cause is shown as "Pending investigation" or "Pending." The certifier should list only one cause-of-death per line.

The coroner or medical examiner has jurisdiction over fetal deaths as the result of trauma

or violence.

For statistical and research purposes, it is important that the causes of death and in particular, the underlying cause-of-death are reported as specifically and as precisely as possible. The causes reported will be coded and tabulated according to the latest revision of the International Classification of Diseases 10th revision (ICD-10). The United States began implementation of ICD-10 on January 1, 1999. In instances where the certifier clearly did not understand the arrangement of the cause-of-death form, an arbitrary set of rules for selection of the underlying cause-of-death comes into play. The medical certifier therefore, by giving care and attention to the completion of the cause-of-death section, has the responsibility and the opportunity to make the statistics for both underlying and multiple causes of death reflect the best medical opinion.

Item 31 - Specify Fetal or Maternal:

Specify whether the condition was fetal or maternal for A, B, or C.

Item 32 - Part II. Other Significant Conditions of Fetus or Mother:

Enter any conditions contributing to the fetal death but not resulting in the underlying cause given above.

(These items (31-33) provide medical information for ranking causes of fetal death and for analyzing the conditions leading to fetal death with other items such as length of gestation and prenatal care.)

Other Medical Information (Items 33-35)

Item 33 - Fetus Died (check one)

- | | |
|-----------------|--------------------|
| 1. Before labor | 3. During delivery |
| 2. During labor | 4. Unknown |

(This item is used as a check to ensure that the delivery was properly reported as a fetal death and was not a live birth.)

Item 34 - Autopsy

Enter "Yes" if a partial or complete autopsy was performed. If no autopsy was performed, enter "No."

If additional medical information or autopsy findings become available that would change the cause-of-death originally reported, the certifier must promptly **submit an Affidavit of Correction** to amend the cause-of-death on the original death certificate. The person who certifies the cause-of-death must mail the Affidavit of Correction to:

**Center for Health Statistics
PO Box 47814
Olympia, WA 98504-7814**

(This item gives some idea of the degree of confidence that can be put in the accuracy of a reported cause-of-fetal-death.)

Item 35 - Were Autopsy Findings Used to Complete Cause-of-death?

Check “Yes” if autopsy findings were used to complete cause-of-death. Check “No” if not.

(This information is used to determine if autopsy findings were used in coding the cause-of-death.)

Certifier (Items 36-40)

Item 36 - Signature of Certifier

Obtain the signature of the physician, midwife or other person in attendance at delivery. Rubber stamps or other facsimile signatures are not acceptable. RCW 70.58.170

Item 37 - Date Signed by Certifier

Enter the exact month, day and four digit year [Mmm/dd/yyyy] on which the certifier signed the certificate. This date must be legible to the public and data processor.

Item 38 - Name, Title of Attendant at Delivery if Other Than Certifier.

Enter the full name and title of the attendant at delivery if other than the certifier. M.D. is doctor of medicine; D.O. is doctor of osteopathic medicine; C.N.M. is certified nurse midwife; ARNP is advanced registered nurse practitioner.

Item 39 - Certifier Name and Title

Enter the full name and title of the certifier.

Item 40 - Attendant's Mailing Address

Enter the full mailing address of the attendant in this space only if item 38 is completed. If there is no attendant shown in item 38, enter the certifier's address.

(The certification (Items 36-40) validates the accuracy of the information recorded on the certificate concerning the child. It also provides data on the extent to which persons other than physicians are in attendance at delivery. The mailing address is used for inquiries to correct or complete items on the record and for follow back studies to obtain additional information about the delivery.)

About the Father and the Mother (Items 41-45)

Item 41 - Of Hispanic Origin or Descent? *If yes, specify, Mexican, Puerto Rican, Spanish, etc.*

41a. Father of Hispanic Origin

41a. ☐ Yes ☐ No
Specify:

41b. Mother of Hispanic Origin

41b. ☐ Yes ☐ No
Specify:

A person is of Hispanic origin or descent if the person identifies his or her ancestry with Mexico, Puerto Rico, Cuba, or the Spanish speaking countries of Central or South America. Origin or descent (ancestry) may be viewed as the nationality group, the lineage, or country in which the child's parents or ancestors were born.

Ancestry and race are separate characteristics. Persons reporting a particular ancestry or origin may be of any race (White, Black, etc.).

Check "Yes" if the father or the mother is of Hispanic origin or descent. If "yes", enter in the space below the boxes, the ancestry that applies. [Mexico, Puerto Rico, Cuba, or other Spanish speaking country of Central or South America.]

If the mother or father is not of Hispanic origin, enter "no." Enter "unknown" if the informant refuses to give this information.

If a person indicates that he or she is of more than one Hispanic origin, enter the origins in the same order as the family reports them. (For Example: Mexican/Puerto Rican).

If a person indicates that he or she is Mexican-American, Cuban-American, etc., enter the Hispanic origin as stated. **You may enter this information for the father even if "none named" is entered in item 9.**

(Responses to this item provide badly needed origin data. In conjunction with mortality data, these data are used to estimate the state's Hispanic origin population, and provide information on individual groups within the Spanish origin population. These data are needed for planning and programmatic purposes.)

Item 42 – Race (American Indian, White, Black Asian/Pacific Islander)
Specify subgroup, etc)

42a. Father

42b.Mother

Specify the racial group or groups with which the person most closely identifies such as White, African American, Japanese, Chinese, Filipino, Korean, Vietnamese, Native American, Asian Indian, Hawaiian, Guamanian, Samoan, Eskimo, Aleut, or other racial groups. If a person indicates that he or she has more than one race, enter the races exactly as reported in the exact order reported (for example, Japanese/Filipino is not the same as Filipino/Japanese). **You may enter this information for the father even if “None Named” is entered in the father’s name field. When the race is not known, enter “Unknown.”**

(Race is essential in producing data for minority groups. It is used to study health characteristics for racial groups (childbearing trends, perinatal mortality, birth weight, etc.). Race is an important variable in planning for and evaluating the effectiveness of health programs.)

Item 43 - Occupation

(Worked during last year) (registered nurse, personnel manager)

43a.Father

43b.Mother

Enter the most recent occupation of the father and mother if they were employed any time during the last year such as farmhand, janitor, store manager, college professor, teacher, nurse or civil engineer. If the mother or father was a homemaker in their own home enter ‘Homemaker.’ If one of them worked in someone else’s home, enter ‘Housekeeper.’ When they are under 18 years old, not a student and not employed, enter ‘Unemployed.’

If the father and mother have not worked within the last year, specify unemployed, student, etc. **You may enter this information for the father even if “None Named” is entered in item 9.**

Item 44 - Type of Business or Industry

44a.Father

44b.Mother

Enter the kind of business or industry to which the occupation listed in Item 43 is related. Make the industry entry as specific as possible and distinguish between manufacturing (plywood mill, aluminum plant), sales (wholesale auto parts, grocery store), or service industries (dry cleaning, county clerk). Do not enter a company, firm or organization name if at all possible.

If the father or mother did not work within the last year, specify unemployed, disabled at home, school, etc. **This may be entered even if “None Named” is entered in Item 9.**

If the father or mother worked in his or her own home and the entry in Item 43 is “Homemaker or Housewife,” enter “Own Home” in Item 44. If he or she worked in someone else’s home and the entry in Item 43 is “Housekeeper,” enter “Domestic” in Item 44.

(Exposure of the father to hazardous occupational environments may also affect the health of the child. It has been shown that the father’s chromosomes are the source of the problem in certain de novo chromosomal arrangements. In about ten percent of cases of Down’s Syndrome the father was the source of extra chromosomal material. Other circumstances in which the father’s occupation may be important are those situations where a father might actually carry home toxic substances in his clothing. These items are used to relate pregnancy outcome and childhood disease to parent’s occupational exposures.)

(With the increasing number of women in the work force, the potential of exposures to occupational environmental hazards which may affect the pregnancy or future of the child is increased. These items are used to relate pregnancy outcome and childhood diseases to parent’s occupational exposures.)

Education (Item 45)

Item 45 - Education (Specify Only Highest Grade Completed)

Elementary/Secondary (0-12) - College (1-4 or 5 +)

45a. Father

45b Mother

Enter the highest number of years of regular schooling completed by the mother and father in either the space for elementary/secondary school or the space for college. Make an entry in only one of the spaces. The other space should be left blank. Report only those years of school that were completed. You may count 12 years of schooling for a person who has passed the GED [General Educational Development]. A person who enrolls in college but does not complete one full year should not be identified with any college education in this item.

45 Quarter hours = 1 year of college.

30 Semester hours = 1 year of college.

GED = 12 years of schooling

Count formal schooling only. Do not include vocational training such as: beauty, barber, trade, business, technical, or other special schools when determining the highest grade completed, unless an Associate of Arts was attained.

An Associate of Arts degree counts as two years of college. If the person providing the certificate information cannot provide the parent’s education, enter “Unknown.”

(Education is used to measure the effect of socioeconomic status on health, childbearing, perinatal mortality, etc.)

About the Pregnancy (Items 46-56)

Item 46 - Prior Live Births

When certificates are prepared for a multiple delivery or birth, the certificate for the first-born child should not include any information on the present delivery under “prior live births” or “total prior pregnancy.” Any “prior birth outcome” questions for the second child’s certificate must include information about the first born of the multiple birth. Similarly, these items for the third born child must include information about the first and second born and so on.

Enter the number of prior live births to the mother. Do not put “X” in place of a number. If there are no other prior births [now living or dead], mark “None.” If this is not known enter “Unk” next to the none box and leave “Now living” or “Now dead” blank.

a. Now Living

Enter the number of prior children born alive to this mother who are still living at the time of the delivery. Do not include children by adoption.

b. Now Dead

Enter the number of prior children born alive to this mother who are no longer living at the time of this delivery. Do not include this birth or children by adoption.

Date of Last Live Birth (Month, Year)

Enter the month and four digit year (MM/YYYY) of birth of the last live born child of the mother regardless of whether the child is now living or now dead. If date is not known enter “Unk” in this field. Do not include children by adoption.

Item 47 - Other Terminations (Not Live Births)

Include each pregnancy loss, such as miscarriage, still birth, and abortion (spontaneous and induced). Do not include this fetal death. If there were no other terminations, check “None” and leave all other items blank.

If the pregnancy terminations are not known, enter “Unk” next to the “None” box and leave all other items blank.

Number Spontaneous

Enter the number of spontaneous terminations, by gestational age 20 weeks or more, and/or less than 20 weeks. If this is not known enter “Unk” for this item. Enter the month and four- digit year [MM/YYYY] of the last spontaneous pregnancy termination.

Number Induced

Enter the number of induced terminations of any gestational age. If the number of induced is not known, enter “Unk” in this item. Enter the month [mm/yyyy] of the last induced termination of pregnancy. If the date is not known, enter “Unk” in the date field.

If a certificate is being completed for a second delivery of a twin set, enter the date of delivery for the first baby of the set, if it was born dead. Similarly, for triplets or other multiple births, enter all previously born members of a multiple set that were born dead, enter the date of the mother’s last delivery that resulted in other than a live birth.

Item 48 - Total Prior Pregnancies

Enter the total number of prior pregnancies. Do not include this pregnancy. This count includes all pregnancies whether they resulted in a live birth, a fetal death [miscarriage, spontaneous abortion), or an induced abortion. If there were no prior pregnancies, enter “0.”

This item must match with Items 46 and 47 except in the delivery of multiple births [For multiple births only the first born must match.]

(Items 46-48 are used to determine live-birth order and total-birth order which are important in studying trends in childbearing and child spacing. They are also useful in studying health problems [i.e., health problems associated with first births to older mothers, relationship of infant mortality to birth order, etc.]. The dates of last live birth and other pregnancy outcomes are used to compute the intervals between live births and induced-spontaneous deliveries and between pregnancies when studying the length of time lapsed between births. They are also important in determining whether there are health problems associated with short term periods between births or with the outcome of the previous pregnancy, whether or not it was a live birth.)

Item 49 - Clinical Estimate of Gestation (Weeks)

Enter the length of gestation as estimated by the physician, midwife or attendant. Do not compute this information from the date last normal menses began and date of delivery. If the physician, midwife or attendant has not done a clinical estimate of gestation, enter “Unk.” Do not leave this item blank. If the physician has listed “Term” on the worksheet, enter 40 weeks.

(This item provides information on length of gestation when the item on date last normal menses began contains invalid or missing information. This measure is the basis for reporting fetal deaths. For a record with a plausible date last normal menses began, it provides a cross-check with length of gestation based on ultrasound or other techniques.)

Item 50 - Date Last Normal Menses Began

Enter the month, day and four digit year [MM/DD/YYYY] of the mother’s last normal

menstrual period. Enter “Unknown” if the date cannot be determined.

(This item is used with the date of delivery to determine the length of gestation. Gestational age is related to fetal morbidity and mortality. It is associated with the weight of the fetus in determining the maturity of the fetus.)

Item 51- Is Mother Married?

Enter “Yes” if the mother was married at any time during her pregnancy. If the mother is separated from her husband, she is still legally married, enter “Yes.” If the mother was married at the time of conception but the husband died or if the mother was divorced before the delivery, enter “Yes” and enter the husband’s name, date and place of birth on the fetal death certificate.

Enter “No” if the mother was not married any time during this pregnancy. Refer to Item 9 for further details.

Item 52 - Month of Pregnancy Prenatal Care Began

Enter the number of months the mother was pregnant when she first received care from a physician or midwife or attended a prenatal clinic for this pregnancy (1st, 2nd, 3rd, etc.)

NOTE: The number of months is measured from the date of last normal menses and not from the date of conception. If no prenatal care was received, enter “None.”

Item 53 - Total Number of Prenatal Visits

Enter the number of visits made to a physician, midwife or prenatal clinic for obstetrical supervision during the prenatal period. If there were no prenatal visits, enter “0.”

Item 54 - Principal Source of Payment for Prenatal Care

1 ___ Medicaid	3 ___ Commercial Ins.	5 ___ HMO
2 ___ Self Pay	4 ___ Charity Care	6 ___ Other

Mark the **principal source of payment** for prenatal care. Choose only one payment source.

Medicaid is Washington State medical coupon coverage through Department of Social and Health Services.

Self Pay is when the individual pays without any medical insurance coverage.

Commercial Insurance is insurance coverage such as Kitsap Physicians Service [KPS], Medical Services Corporation or Safeco.

Charity Care means necessary hospital health care rendered to indigent persons. An indigent person is a patient who has exhausted any third-party sources, including Medicare and Medicaid, and whose gross income is below 200% of the federal poverty standards, adjusted for family size. WAC 261-14-020

HMO is a Health Maintenance Organization. Some HMO's are: Aetna US Healthcare, Central Washington Health Plan, Good Health, Health Plus, Group Health, Kaiser, Qual Med Health Plan, Pacific Health Plans, Pacific Care of Oregon, Regence Care.

Other means any other insurance not covered in the above definitions such as Washington State Basic Health Plan, Uniform, TriCare (military) or Champus.

(Knowledge of medical coverage is helpful in judging impact of the type of insurance on health outcome.)

Item 55 - During Pregnancy Mother Participated in

1 ___ WIC 2 ___ First Steps 3 ___ AFDC

4 ___ Services from Local Health Departments

Mark all the programs in which the mother participated. Leave this item blank if the mother did not participate in any of these programs or if this item is unknown.

WIC [Women and Infant Children] is a free supplemental food and nutrition education program funded by the State and Federal Government. Benefits are provided to clients through the Health Departments and other Health agencies such as Community Health, Migrant Programs, Indian Programs, and Community Action Programs. If the mother does not know if she is a participant of the WIC program, the interviewer may also ask the mother if she has received WIC benefits (check) for specific food items.

First Steps is an expanded medicaid program funded by the state and federal government which provides medical care for WorkFirst (AFDC) clients or clients receiving only medical assistance. Services in addition to medical assistance may include any or all of the following: Maternity Case Management; Nutritional Counseling; Public Health Nursing visits and Social Services; Child Care; Transportation and other supportive services.

AFDC (Aid to Families with Dependent Children) was replaced by TANF, a program funded by the State and Federal Government to provide financial assistance to needy dependent children (under 18 years) and parents or relatives.

Services from Local Health Departments are services provided specifically by each Local Health Department within each county.

(Knowledge of Government funded programs is helpful in judging the use of assistance programs and the impact of the type of public assistance on health outcome.)

Item 56 - Did Mother Smoke At Any Time During This Pregnancy?

1. Yes____ 2. No____

Average no. cigarettes per day?_____

Check “Yes” if the mother smoked at any time during the pregnancy. If “Yes” is checked, specify the average number of cigarettes the mother smoked per day during her pregnancy. If on the average she smoked less than one cigarette per day, enter “1”. (One pack = 20 cigarettes). Check “No” if the mother did not smoke during the entire pregnancy. If “No” is checked, do not make an entry on the line requesting the average number of cigarettes per day.

(Maternal smoking during pregnancy may have an adverse impact on pregnancy outcome. This information is used to evaluate the relationship between certain lifestyle factors and pregnancy outcome and to determine at what levels these factors clearly begin to affect pregnancy outcome.)

About the Delivery (Items 57-59)

Item 57 - Plurality - Single, Twin, Triplet, etc., (Specify)

Specify the delivery as single, twin, triplet, quadruplet, etc.

Item 58 - If Not Single Birth - Delivered 1st, 2nd, 3rd, etc.

Enter the fetal order of this particular fetus. If the delivery is single, enter a dash (“-”) in this space.

When a multiple delivery occurs, prepare and file a separate certificate for each child or fetus. File certificates relating to the same multiple delivery set at the same time.

Item 59 - Birth Weight

Enter only one weight of the fetus: either in pounds and ounces or grams.

(This is the single most important characteristic associated with viability of the fetus. It can also be related to prenatal care, socio-economic status, and other factors surrounding the delivery. The birth weight is used with information to plan and evaluate the effectiveness of health care.)

Health Conditions and Complications of Mother and Fetus (Items 60-66)

When to specify ‘none’ or ‘unknown’ for the medical items (medical risk factors, obstetric procedures, complications of labor/delivery, abnormal conditions of the newborn, and congenital anomalies):

Use ‘none’ for a particular item if none of the conditions defined by the check boxes occurred or were evident before, during, or at delivery.

If the medical information was not provided on the worksheet, try to get it from the medical or prenatal record if possible. Use 'unknown' only if the worksheet is not complete and the medical or prenatal record is not available or not complete.

Item 60 - Medical Risk Factors for this Pregnancy

Check one or more of the 20 codes for specified conditions. If the mother had a condition not listed, select (21) "Other", and specify that condition in the space next to box 21. If the mother had no medical risk conditions listed, check (20) "None." **Do not check #20 (None) with any other condition.**

Item 61 - Other Risk Factors for This Pregnancy (Complete all items)

(1) Alcohol use during pregnancy? Yes ___ No ___

Average number drinks per week ___

If the mother consumed alcoholic beverages at any time during her pregnancy, check 'yes.' If 'yes' is selected, specify the average number of drinks she consumed per week. One drink is equivalent to 5 ounces of wine, 12 ounces of beer, or 1-1/2 ounces of distilled liquor. If on the average, she drank less than one drink per week, enter one.

If "No" is checked, do not make any entry on the line requesting the average number of drinks per week.

(2) Weight gained during pregnancy ___ lbs.

Enter the amount of weight gained by the mother during the pregnancy in pounds. Do not enter the total weight of the mother. If no weight was gained, enter "None." If the mother lost weight during her pregnancy, enter the amount of weight lost (for example " -10 pounds").

(3) Weight before pregnancy ___ lbs.

Enter the mother's weight before pregnancy.

NOTE: Obtain information for this item from the mother's medical chart or the physician. If the medical chart is not available or does not include this information and the physician is not available, ask the informant to respond to these items.

(The consumption of alcohol during pregnancy may have an adverse effect on pregnancy outcome. This

information is used to evaluate the relationship between certain lifestyle factors and pregnancy outcome and to determine at what levels these factors clearly begin to affect pregnancy outcome.)

Item 62 - Obstetric Procedures (Check all that apply)

Check each type of procedure that was used during this pregnancy. More than one procedure may be checked. If a procedure was used that is not identified in the list, check “Other” and specify the procedure on the line provided. If no procedures were used, check “None.” Do not check “None” if other procedures have been checked. Do not leave this item blank. This item should be obtained from the mother’s medical record or from the physician.

(Information on obstetric procedures is used to measure the use of advanced medical technology during the pregnancy and labor. It is used to investigate the relationship of these procedures to type of delivery and pregnancy outcome.)

Item 63 - Method of Delivery (Check all that apply)

Check the method of delivery of the fetus. If more than one method was used, check all methods that apply to this delivery. This information should be obtained from the mother’s medical chart or the physician.

“None” or “unknown” is not an option. This is a required field.

(This information is used to relate method of delivery with birth outcome, to monitor changing trends in obstetric practice, and to determine which groups of women are most likely to have cesarean delivery. The method of delivery is relevant to the health of mother, especially if it is by cesarean section. Information from this item can be used to monitor delivery trends across the United States.)

Item 64 - Complications of Labor and/or Delivery

Check one or more of the 16 codes for specified conditions. If there was a complication not listed, check #18 “Other,” and specify the complication in the space next to box 18. If there were no complications, check #17 “None.” **Do not check “None” when other complications are listed.**

Item 65 - Conditions of Fetus

Check one or more of the six codes for specified conditions. If the fetus had a condition not listed, check #6 ‘Other’, and specify the condition in the space next to box 6. If the fetus had no condition, check “None.” **Do not check “None” if other conditions are listed.**

If the code is checked for #2, “Placenta and cord conditions (specify)” or #6 “Other (specify)”, please enter conditions that describe the fitness and status of the fetus, such as:

(2) Pacenta and Cord conditions (specify)

Examples:

cord compression
cord entanglement
cord prolapse
cord torsion
knot in cord

membrane insertion
placenta insufficiency
placenta infarction
tight nuchal cord
sepsis

(6) Other (Specify)**Examples:**

birth injury or trauma
chorioamnionitis
edema
growth retardation
infection
intrauterine fetal demise

laceration
macerated
postmaturity
prematurity or immaturity
small or SGA

Item 66 - Congenital Malformations or Anomalies of Fetus

Check one or more of the 22 codes for specified malformation or anomalies. If the diagnosis is questionable, state it. If the medical information was not provided on the worksheet, try to get it from the medical record if possible. Use 'unknown' only if the worksheet is not complete and the medical record is not available or not complete. If there are no malformations or anomalies, check #22 "None". **Do not check "None" if other anomalies have been listed.**

If the fetus had a malformation or anomaly not listed, check #23 "Other" and specify the malformation in the space provided.

Examples that should be reported are:

absence of diaphragm
ambiguous genitalia
chromosomal defects
CNS defects
congenital tumor
cystic hygroma
duodenal atresia
dwarfism or short limbs
gastroschisis

hernia
hydronephrosis
hypoplastic lungs
missing arms or legs
musculoskeletal disorders
potter's syndrome
renal agenesis
single ventricle
trisomy

(This item identifies health problems that would have required medical care had the infant been born alive. It is important for monitoring the incidence of the stated conditions among products of conception.)

Medical Certification of Death

Medical Certification of Death

For More Information

Tutorial from the National Association of Medical Examiners: <http://www.thename.org/main.htm>

A death certificate is a permanent record of an individual's death. One purpose of the death certificate is to obtain a simple description of the sequence or process leading to death rather than a record describing all medical conditions present at death.

The physician's primary responsibilities in death registration are to pronounce death and to complete the cause-of-death section on the death certificate. The certifying physician, medical examiner or coroner, is responsible for certifying the cause-of-death, because they are the best person to decide which of several conditions were directly responsible for death and what antecedent conditions, if any, gave rise to the direct cause. In most cases they will pronounce death and certify the immediate cause. Only in the instance of death occurring in a hospital or other institution in which the attending physician is unavailable to certify the cause-of-death at the time of death will a different physician pronounce death. In addition to being responsible for the cause-of-death, the certifier must take note that the time, date and place of death are correct on the death certificate.

Certifying the Cause-of-death

The certifying physician, the medical examiner or coroner must complete this section. The cause-of-death section, a facsimile of which is shown below, follows guidelines recommended by the World Health Organization. An important feature is the underlying cause-of-death determined by the certifying physician and defined as (a) the disease or injury that initiated the train of morbid events leading directly to death, or (b) the circumstances of the accident or violence that produced the fatal injury. In addition to the underlying cause-of-death, this section provides for reporting the entire sequence of events leading to death as well as other conditions significantly contributing to death.

The World Health Organization recommends that its signatory nations use the underlying cause-of-death for basic mortality statistics. However, information on the other diseases or conditions that lead to death and the other significant conditions that contribute to death are also important. The cause-of-death section thus obtains information that is used to examine the frequency of certain diseases or conditions being reported on the death certificate, whether or not they are the underlying cause. The analysis of all conditions reported on the death certificate is especially important in studying diseases or conditions that are rarely the underlying cause-of-death, but often contribute to death (for example, a congenital anomaly or diabetes).

CAUSE-OF-DEATH				
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:				
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, Leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.	A.		INTERVAL BETWEEN ONSET AND DEATH	
	B. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
	C. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
	D. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE			52. AUTOPSY? (Yes / No)	53. WAS CASE DEFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo, Day, Yr)	56. HOUR OF INJURY (24 Hrs)	57. DESCRIBE HOW INJURY OCCURRED:	
58. INJURY AT WORK? (Yes / No)	59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE	

In certifying the cause-of-death, any disease, abnormality, injury or poisoning, if believed to have adversely affected the decedent, should be reported. If the use of alcohol and/or other substance, or a smoking history, or a recent pregnancy was believed to have contributed to death, then this condition should be reported. The conditions present at the time of death may be completely unrelated, arising independently of each other; or they may be causally related to each other, that is, one condition may lead to another which in turn leads to a third condition; and so forth.

The cause-of-death section consists of two parts. The first part is for reporting the sequence of events leading to death, proceeding downwards from the final disease or condition resulting in death. Other significant conditions that contributed to the death but did not lead to the underlying cause are reported in Part II. In addition, there are questions relating to autopsy, manner of death (for example, accident), and injury. The cause-of-death should include information provided by the pathologist if an autopsy or other type of postmortem examination was done. For deaths that have microscopic or toxicological examinations pending at the time the certificate is filed, the additional information should be reported as soon as it is available. If you have any questions about the procedure for doing this, contact your local registrar or the Center for Health Statistics.

For statistical and research purposes, it is important that the causes of death and, in particular, the underlying cause-of-death be reported as specifically and as precisely as possible. The causes reported will be coded and tabulated in the Center for Health Statistics by qualified nosologists according to the latest version of the International Classification of Diseases [ICD codes]. In instances where it is plain that the certifier did

not understand the arrangement of the cause-of-death form, an arbitrary set of rules for selection of the underlying cause-of-death comes into play. The medical certifier therefore, by giving care and attention to the completion of the cause-of-death section, has the responsibility and the opportunity to make the statistics for both underlying and multiple causes of death reflect the best medical opinion. In the sections that follow, detailed instructions on how to complete Parts I and II are given. A number of examples of properly completed certificates with case histories are provided at the end of this section to illustrate how the cause-of-death should be reported.

Part I of the Cause-of-Death Section

Only *one* cause is to be entered on each line of Part I. Additional lines should be added between the printed lines when necessary. For each cause, indicate in the space provided the approximate interval between the date of *onset* (not necessarily the date of diagnosis) and the date of death. The underlying cause-of-death should be entered on the lowest line used in Part I. The underlying cause-of-death is the disease or injury that started the sequence of events leading directly to death, or the circumstances of the accident or violence that produced the fatal injury. In the case of a violent death, the form of external violence or accident is antecedent (placed on the lower line) to an injury entered, although the two events are very often simultaneous.

Line (a) immediate cause

In Part I, the immediate cause-of-death is reported on line (a). This is the final disease, injury, or complication directly causing the death. This does not mean the mode of dying. The mode of dying (for example, cardiac or respiratory arrest) should not be reported as the immediate process, as it merely attests to the fact of death. The mode of dying, therefore, provides no additional information on the cause-of-death. An immediate cause-of-death must always be reported on line (a). It can be the sole entry in the cause-of-death section if that condition is the only condition causing the death.

Line (b) and (c) due to (or as a consequence of)

On line (b) report the disease, injury, or complication, if any, that gave rise to the immediate cause-of-death. If this in turn resulted from a further condition, record that condition on line (c). For as many conditions as are involved, write the full sequence, one condition per line, with the most recent condition at the top, and the underlying cause-of-death reported on the lowest line used in Part I. The following certification is an example in which an additional line was necessary.

CAUSE-OF-DEATH				
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:				
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.	A. Asphyxia by vomitus		INTERVAL BETWEEN ONSET AND DEATH	minutes
	DUE TO, OR AS A CONSEQUENCE OF: B. Cerebellar hemorrhage		INTERVAL BETWEEN ONSET AND DEATH	hours
	DUE TO, OR AS A CONSEQUENCE OF: c. Hypertension		INTERVAL BETWEEN ONSET AND DEATH	About 3 yrs
	DUE TO, OR AS A CONSEQUENCE OF: D. Primary aldosteronism. E. Adrenal adenoma		INTERVAL BETWEEN ONSET AND DEATH	3+yrs/3+yrs
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE Congestive heart failure			52. AUTOPSY? (Yes / No) No	53. WAS CASE DEFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) Natural	55. INJURY DATE (Mo,Day, Yr)	56. HOUR OF INJURY (24 Hrs)	57. DESCRIBE HOW INJURY OCCURRED:	
58. INJURY AT WORK? (Yes / No)	59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE	

The words “due to (or as a consequence of),” which are printed between the lines of Part I, apply not only in sequences with an etiological or pathological basis but also to sequences in which an antecedent condition is believed to have prepared the way for a subsequent cause by damage to tissues or impairment of function.

If the immediate cause-of-death arose as a complication of or from an error or accident in surgery or other medical procedure or treatment, it is important to report all of the following information.

- On the first line report the complication or error.
- On the next line, report what medical procedure was performed
- On the next line report what condition(s) was being treated.

Approximate interval between onset and death

Space is provided at the end of lines (a), (b), and (c) for recording the interval between the presumed onset of the condition (not the date of the diagnosis of the condition) and the date of death. This is entered for *all* conditions in Part I. These intervals usually are established by the physician on the basis of available information. In some cases the interval will have to be estimated. If the time of onset is entirely unknown, state that the interval is “Unknown.” Do not leave these items blank.

This information is useful in coding certain diseases and also provides a useful check on the accuracy of the reported sequence of conditions.

Other Significant Conditions of the Cause-of-death Section (Item 51)

All other important diseases or conditions that were present at the time of death and that may have contributed to the death but did not lead to the underlying cause-of-death listed in Part I are recorded on these lines.

Among the elderly it is common to have multiple conditions and sequences of conditions resulting in death. When there are two or more possible sequences resulting in death, the physician must choose and report in Part I the sequence he or she thinks had the greatest impact. Conditions from the other sequence(s) are reported in Part II. For example, in the case of a diabetic male with chronic ischemic heart disease who dies from pneumonia, his certifying physician chooses the sequence of conditions that had the greatest impact and reports this sequence in Part I. One possible sequence that the certifier might report is pneumonia due to diabetes mellitus in Item 50 with chronic ischemic heart disease reported in Item 51, or the certifier might consider the pneumonia to be due to the ischemic heart disease that was due to the diabetes mellitus and report this entire sequence in Item 50. Because these three different possibilities would be coded very differently, it is very important for the certifying physician to decide which sequence he or she thinks had the greatest impact and to report this in Item 50 with other conditions contributing to death being reported in Item 51.

In cases of doubt, it may be necessary to use qualifying phrases such as “probable” or “possible” in either Item 50 or Item 51 to reflect uncertainty as to which conditions led to death. In cases where the certifier is unable to establish a cause-of-death based upon reasonable medical certainty, he or she enters “Unknown” in the cause-of-death section. However, this should be used only after all efforts have been made to determine the cause-of-death, including autopsy.

Other Items for Medical Certification

The remaining items that require the physician’s certification relate to autopsy, manner of death, and injury, and to whether or not the case was referred to the medical examiner or coroner. The physician indicates whether an autopsy was performed and whether the findings were available prior to completion of the cause-of-death. **If additional medical information or autopsy findings are received** after the physician certifies the cause-of-death and determines the cause to be different from what was originally entered on the death certificate, the physician, coroner or medical examiner must **file an *Affidavit for Correction*** with the Local Registrar or State Registrar to amend the cause-of-death. You may request an *Affidavit for Correction* from the Local Health Department or the Center for Health Statistics (CHS). Local Health Departments mail original death certificates to CHS between 30 – 60 days of the date of death.

In most cases the manner of death in Item 54 will be listed as “Natural.” In those cases when an accident, suicide, or homicide has occurred, the medical examiner or coroner must be notified. If the medical examiner or coroner does not assume jurisdiction, the physician checks the appropriate manner of death and describes the injury and accident. Local Deputy Registrars are instructed to refer the following cases to the Medical Examiner or Coroner upon review the cause-of-death section of the death certificate.

- The following causes are referred if they appear anywhere on the certificate.

Asphyxia	FX
Bolus	ORIF (Open Reduction of Fracture)
Choking	Overdose
Emboli	Remote or old injuries (traffic, neck, etc.)
Embolus	Surgery or surgical procedures
Exsanguination	Unknown
Fall	
Fracture	

- The following cases are referred if they appear without any underlying cause.

Cardiac arrest	Pulmonary arrest
Cardiopulmonary arrest	Respiratory arrest
Emboli	Sepsis
Embolus	Subarachnoid hematoma
Failure to thrive	Subdural hematoma
Old age	Sudden death
Pneumonia	Starvation

Completing the Certifier Section

The CERTIFYING PHYSICIAN certifies that “To the best of my knowledge, death occurred at the time, date and place and was due to the cause(s) and manner as stated.” This is the person who determines the exact cause-of-death (item 50). The phrase “to the best of my knowledge” is included because it is recognized that it is not always possible to make a precise determination of interacting causes of death. The certifying physician is responsible for completing items 50 through 60.

The attending physician is usually in a better position than any other individual to make a judgment as to which of the conditions led directly to death and to state the antecedent conditions, if any, that gave rise to this cause. Qualifying phrases may be used to reflect uncertainty in case of real doubt as to which of these conditions led directly to death. Occasionally, the knowledge of the case is so meager that no alternative is possible except to specify “Unknown.”

The physician signs the completed statement, adding his or her degree or title, the date of certification, hour of death and mailing address of the physician in items 39 through 42 and item 48.

Examples of Cause-of-Death Certification

Case History No. 1

Shortly after dinner on the day prior to admission to the hospital, this 48-year-old male developed a cramping, epigastric pain which radiated to the back, followed by nausea and vomiting. The pain was not relieved by position or antacids. The pain persisted, and 24 hours after onset, the patient sought medical consultation. Past history revealed alcohol intake and frequent intermittent episodes of similar epigastric pain during the past two years. The patient denied diarrhea, constipation, hematemesis, or melena. The patient was admitted to the hospital with a diagnosis of an acute exacerbation of recurrent pancreatitis.

Radiological findings included widening of the duodenal “C” loop and blurring of the left psoas muscle margin. Serum amylase was 832.5 units per liter. The day after admission, the patient seemed to improve.

However, that evening he became disoriented, restless, and hypotensive. Despite intravenous fluids and norepinephrine, the patient remained hypotensive and died eight hours later.

CAUSE-OF-DEATH				
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:				
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, Leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.	A. Sustained Hypotension		INTERVAL BETWEEN ONSET AND DEATH 8 Hours	
	DUE TO, OR AS A CONSEQUENCE OF: B. Acute Pancreatitis		INTERVAL BETWEEN ONSET AND DEATH Days	
	DUE TO, OR AS A CONSEQUENCE OF: C. Recurrent Pancreatitis		INTERVAL BETWEEN ONSET AND DEATH 2 years	
	DUE TO, OR AS A CONSEQUENCE OF: D. Chronic Alcoholism		INTERVAL BETWEEN ONSET AND DEATH 3 years	
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE			52. AUTOPSY? (Yes / No) No	53. WAS CASE DEFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) Natural	55. INJURY DATE (Mo,Day, Yr)	56. HOUR OF INJURY (24 Hrs)	57. DESCRIBE HOW INJURY OCCURRED:	
58. INJURY AT WORK? (Yes / No)	59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE	

Case History No. 2

A 68-year-old male was admitted to the hospital with progressive right lower quadrant pain of several weeks' duration. The patient had lost approximately 40 pounds, with progressive weakness and easy fatigability. On physical examination the patient had an enlarged liver four finger breadths below the right costal cage. Rectal examination was negative and stool was negative for occult blood. Laboratory studies were within normal limits. The chest x-ray and barium enema were negative. An EKG showed a right bundle branch block. A liver-spleen scan showed a space-occupying lesion along the superior right lateral dome of the liver. Ultrasound showed numerous metastatic areas within both lobes of the liver. Ultrasound of the pancreas as well as an upper GI series was negative. A needle biopsy of the liver was consistent with hepatoma, and the patient was started on chemotherapy. Approximately six weeks prior to death the patient had thrombosis of the deep vein of the left leg and a sharply increasing diminution of liver function. The patient expired three months after the initial diagnosis of his malignancy.

CAUSE-OF-DEATH				
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:				
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, Leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.	A. Deep vein thrombosis, Left leg		INTERVAL BETWEEN ONSET AND DEATH	6 weeks
	DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
	B. Hepatic Failure		INTERVAL BETWEEN ONSET AND DEATH	6 weeks
	DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
	C. Hepatoma		INTERVAL BETWEEN ONSET AND DEATH	3 months
	D.		INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE			52. AUTOPSY? (Yes / No)	53. WAS CASE DEFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo,Day, Yr)	56. HOUR OF INJURY (24 Hrs)	57. DESCRIBE HOW INJURY OCCURRED:	
Natural				
58. INJURY AT WORK? (Yes / No)	59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE	

Case History No. 3

The 85-year-old male was admitted to the hospital with chest pain. He had a past history of arteriosclerotic heart disease with coronary insufficiency and episodes of congestive heart failure controlled in the past by digitalis and diuretics. He also had an unexplained anemia that had been attributed in the past to thalassemia. Workup for anemia revealed an hct of 17; the stool was positive for occult blood. A barium enema showed a polypoid lesion compatible with carcinoma of the cecum. Because of his heart problems it was felt that surgery was not indicated, and he was treated with a five-week course of radiation therapy and periodic blood transfusions. Three months later he experienced chest pains and a probable acute myocardial infarction. He expired two days later.

CAUSE-OF-DEATH				
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:				
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, Leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.	A. Acute Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH	2 days
	DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
	B. Congestive heart failure		INTERVAL BETWEEN ONSET AND DEATH	3-4 months
	DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
	C. Arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH	years
	DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE			52. AUTOPSY? (Yes / No)	53. WAS CASE DEFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)
Carcinoma of cecum			No	
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo, Day, Yr)	56. HOUR OF INJURY (24 Hrs)	57. DESCRIBE HOW INJURY OCCURRED:	
Natural				
58. INJURY AT WORK? (Yes / No)	59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE	

Case History No. 4

A 68-year-old female was admitted to the hospital with dyspnea and moderate retrosternal pain of five hours' duration. There was a past history of obesity, Type II diabetes mellitus, hypertension, and episodes of nonexertional chest pain diagnosed as angina pectoris for eight years. She was admitted to the intensive care unit and monitored. Over the first 72 hours, she developed a four-fold elevation of creatine kinase, confirming acute myocardial infarction. A type II second degree AV block developed, and a temporary pacemaker was put in place. Her later course in the hospital included development of dyspnea with fluid retention and cardiomegaly on chest radiograph. This responded to diuretics. On the seventh hospital day during ambulation, she developed sudden onset of chest pain and increased dyspnea. Acute pulmonary embolus was suspected and confirmed by lung scan and arterial blood gases. While in radiology, she became unresponsive and resuscitation efforts were unsuccessful.

CAUSE-OF-DEATH				
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:				
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, Leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.	A. Pulmonary embolism		INTERVAL BETWEEN ONSET AND DEATH	1 hour
	DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
	B. Congestive heart failure		INTERVAL BETWEEN ONSET AND DEATH	4 days
	DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
	C. Acute myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH	7 days
	DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
	D. Chronic ischemic heart disease		INTERVAL BETWEEN ONSET AND DEATH	8 years
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE			52. AUTOPSY? (Yes / No)	53. WAS CASE DEFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)
Diabetes Mellitus, obesity, hypertension			No	
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo,Day, Yr)	56. HOUR OF INJURY (24 Hrs)	57. DESCRIBE HOW INJURY OCCURRED:	
Natural				
58. INJURY AT WORK? (Yes / No)	59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE	

Case History No. 5

A 78-year-old female was admitted to the hospital from a nursing home for a temperature over 102. She first became a resident of the nursing home two years earlier following a cerebrovascular accident which left her with a mild residual left hemiparesis. Over the next year she became increasingly dependent on others to help her with activities of daily living, eventually requiring an in-dwelling Foley catheter. For the three days prior to admission she was noted to have lost her appetite and to have become increasingly withdrawn.

On admission to the hospital her leukocyte count was 19,700, she had pyuria, and gram-negative rods were seen on a Gram stain of the urine. Ampicillin was administered intravenously. Blood cultures two days after admission were positive for *Pseudomonas aeruginosa*. Antibiotic therapy was changed to tobramycin and ticarcillin. Despite the antibiotics, intravenous fluid support, and steroids, the patient's fever persisted. On the fourth day after admission she became hypotensive and died.

CAUSE-OF-DEATH				
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:				
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, Leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.	A. <i>Pseudomonas</i> bacteria		INTERVAL BETWEEN ONSET AND DEATH	4 days
	DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
	B. Urinary tract infection		INTERVAL BETWEEN ONSET AND DEATH	7 days
	DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
	C. Hemiplegia		INTERVAL BETWEEN ONSET AND DEATH	2 years
	DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
	D. Old cerebrovascular accident		INTERVAL BETWEEN ONSET AND DEATH	2 years
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE			52. AUTOPSY? (Yes / No)	53. WAS CASE DEFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)
			No	
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo,Day, Yr)	56. HOUR OF INJURY (24 Hrs)	57. DESCRIBE HOW INJURY OCCURRED:	
Natural				
58. INJURY AT WORK? (Yes / No)	59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE	

Case History No. 6

A 34-year-old male was admitted to the hospital with severe shortness of breath. He had a history of unintentional weight loss, night sweats, and diarrhea. An Elisa test and confirmatory Western Blot test for human immunodeficiency virus (HIV) were positive. T-lymphocyte tests indicated a low T helper-suppressor ratio. The patient had no history of medical condition that would cause immunodeficiency. A transbronchial lung biopsy performed by bronchoscopy was positive for acquired immunodeficiency syndrome (AIDS).

The patient's pneumonia responded to Pentamidine therapy, and the patient was discharged. The patient had two additional admissions for PCP. On the last admission the patient did not respond to therapy and died two weeks later.

CAUSE-OF-DEATH				
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:				
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, Leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.	A. Pneumocystis carinii pneumonia		INTERVAL BETWEEN ONSET AND DEATH	2 weeks
	DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	17 months
	B. Acquired immunodeficiency syndrome		INTERVAL BETWEEN ONSET AND DEATH	17 + months
	DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
C. HIV infection				
DUE TO, OR AS A CONSEQUENCE OF:				
D.				
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE			52. AUTOPSY? (Yes / No)	53. WAS CASE DEFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)
			No	
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo,Day, Yr)	56. HOUR OF INJURY (24 Hrs)	57. DESCRIBE HOW INJURY OCCURRED:	
Natural				
58. INJURY AT WORK? (Yes / No)	59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE	

Case History No. 7

A 55-year-old male had a history of more than ten years of cough and phlegm (chronic bronchitis) associated with cigarette smoking for more than 30 years. He developed onset of wheezing symptoms approximately four years prior to his terminal episode. When seen by his physical approximately two years prior to his terminal episode, he was without symptoms or signs, but he had evidence of moderately reduced FEV and FVC with no response to bronchodilator. During his last year he required corticosteroids to prevent wheezing and coughing at night; however, he was unable to reduce smoking to less than 15 cigarettes per day. When last seen he had moderately reduced FEV and FVC and normal lung volumes with no response to bronchodilator. He awoke one evening complaining to his wife about coughing and shortness of breath. He was taken to the emergency room where he was found to have severe obstructive airways disease. After being treated, he was released, only to return six hours later, more short of breath. He was admitted and died shortly thereafter.

CAUSE-OF-DEATH				
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:				
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.	A. Severe obstructive airways disease		INTERVAL BETWEEN ONSET AND DEATH	12 hours
	DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	4 years
	B. Asthmatic bronchitis		INTERVAL BETWEEN ONSET AND DEATH	10 + years
	DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	30+ years
C. Chronic bronchitis				
D. Cigarette smoking				
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE			52. AUTOPSY? (Yes / No)	53. WAS CASE DEFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) Natural	55. INJURY DATE (Mo,Day, Yr)	56. HOUR OF INJURY (24 Hrs)	57. DESCRIBE HOW INJURY OCCURRED:	
58. INJURY AT WORK? (Yes / No)	59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE	

Case History No. 8

A 75-year-old female had a 15-year history of non-insulin-dependent diabetes, a history of mild hypertension treated with thiazide diuretics, and an uncomplicated myocardial infarction six years prior to the present illness. She was found obtunded in her apartment and brought to the hospital. On admission she was noted to be unresponsive, without focal neurologic signs, and severely dehydrated with a blood pressure of 90/60. Initial laboratory test disclosed severe hyperglycemia, hyperosmolarity, azotemia, and mild ketosis without acidosis. A diagnosis of hyperosmolar nonketotic coma was made.

The patient was treated vigorously with fluids, electrolytes, insulin, and broad-spectrum antibiotics, although no source for infection was documented. Within 72 hours, the patient's hyperosmolar, hyperglycemic state was resolved. However, she remained anuric with progressive azotemia. Attempts at renal dialysis were unsuccessful, and the patient expired on the eighth hospital day in severe renal failure.

CAUSE-OF-DEATH			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:			
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.	A. Acute renal failure		INTERVAL BETWEEN ONSET AND DEATH 5 days
	DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH
	B. Hyperosmolar non-ketotic coma		8 days
	DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH
	C. Diabetes mellitus, non-insulin-dependent		15 years
	DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH
	D.		
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE		52. AUTOPSY? (Yes / No)	53. WAS CASE DEFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)
Hypertension, Atherosclerotic coronary artery disease		No	
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo,Day, Yr)	56. HOUR OF INJURY (24 Hrs)	57. DESCRIBE HOW INJURY OCCURRED:
Natural			
58. INJURY AT WORK? (Yes / No)	59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE

Case History No. 9

This 53-year-old male was admitted to his local hospital following two days of episodic mid-epigastric and left-sided chest pain, which radiated into his left arm and was accompanied by nausea and vomiting. He gave a history that included two years of occasional chest discomfort, a near syncopal episode six months prior, hypertension, a 30-year history of one-pack-per-day cigarette smoking, congenital blindness, and insulin-dependent diabetes mellitus. He was noted to be markedly obese, due to inactivity stemming from his blindness, and to have markedly severe hypercholesterolemia.

At the time of his admission his enzyme studies were normal, but the EKG was considered suspicious for myocardial ischemia. Two days later, he experienced an episode of severe chest pain that responded to nitroglycerin and was accompanied by transient, marked ST segment elevation. At this point, arrangements were made for him to be transferred to a regional medical center for a complete cardiac workup.

A cardiac catheterization demonstrated good ventricles and severe coronary atherosclerosis. He was taken to surgery and underwent a quadruple coronary bypass. Shortly after being taken off the cardiopulmonary bypass machine, he suddenly went into shock and was resuscitated by open cardiac massage. When shock recurred after 10 minutes, and open cardiac massage was again being conducted, a rupture developed in his left atrium, resulting in rapid exsanguinations and death.

CAUSE-OF-DEATH				
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:				
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, Leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.	A. Rupture of left atrium		INTERVAL BETWEEN ONSET AND DEATH	minutes
	DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	minutes
	B. Open cardiac massage		INTERVAL BETWEEN ONSET AND DEATH	minutes
	DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	minutes
C. Post-operative cardiovascular collapse		INTERVAL BETWEEN ONSET AND DEATH	minutes	
DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	30 min/hrs	
D. Coronary bypass surgery (e) Coronary atherosclerosis				
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE			52. AUTOPSY? (Yes / No)	53. WAS CASE DEFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)
Hypertension, Hypercholesterolemia, Diabetes mellitus, obesity, cigarette abuse			No	
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo,Day, Yr)	56. HOUR OF INJURY (24 Hrs)	57. DESCRIBE HOW INJURY OCCURRED:	
Natural				
58. INJURY AT WORK? (Yes / No)	59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE	

Case History No. 10

A 1,480-gram male infant was born at 32 weeks' gestation to a 20-year-old primiparous woman. The infant developed respiratory distress syndrome and required mechanical ventilation for seven days. Despite receiving adequate calories for growth, the infant gained weight poorly and had persistent diarrhea with steatorrhea. Sweat chloride testing showed an elevated sweat chloride. On the 37th day of life the infant became lethargic and was noted to be edematous. *Escherichia coli* was cultured from the infant's cerebral spinal fluid, total serum proteins were reported to be low, and clotting studies were prolonged. The infant died at 45 days of age despite appropriate life-saving efforts. Gross autopsy confirmed the clinical impression.

CAUSE-OF-DEATH				
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:				
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, Leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.	A. <i>Escherichia coli</i> meningitis		INTERVAL BETWEEN ONSET AND DEATH 1 week	
	DUE TO, OR AS A CONSEQUENCE OF: B. Malnutrition		INTERVAL BETWEEN ONSET AND DEATH 5 weeks	
	DUE TO, OR AS A CONSEQUENCE OF: C. Unspecified intestinal malabsorption		INTERVAL BETWEEN ONSET AND DEATH 5 weeks	
	DUE TO, OR AS A CONSEQUENCE OF: D.		INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE			52. AUTOPSY? (Yes / No) Yes	53. WAS CASE DEFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) Natural	55. INJURY DATE (Mo,Day, Yr)	56. HOUR OF INJURY (24 Hrs)	57. DESCRIBE HOW INJURY OCCURRED:	
58. INJURY AT WORK? (Yes / No)	59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE	

Two weeks after the gross autopsy report, the microscopic tissue sections became available. The microscopic sections showed interstitial fibrosis of the pancreas, and no epididymis or vas deferens could be found. An amended cause-of-death report was filed.

CAUSE-OF-DEATH				
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:				
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, Leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.	A. Escherichia coli meningitis		INTERVAL BETWEEN ONSET AND DEATH	2 weeks
	DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	5 weeks
	B. Malnutrition		INTERVAL BETWEEN ONSET AND DEATH	6 weeks
	DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
	C. Cystic fibrosis of the pancreas		INTERVAL BETWEEN ONSET AND DEATH	
	DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE			52. AUTOPSY? (Yes / No) Yes	53. WAS CASE DEFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) Natural	55. INJURY DATE (Mo,Day, Yr)	56. HOUR OF INJURY (24 Hrs)	57. DESCRIBE HOW INJURY OCCURRED:	
58. INJURY AT WORK? (Yes / No)	59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE	

Case History No. 11

A 30-year-old, gravida-six, para-five woman at 36 weeks' gestation with prepregnancy hypertension reported to the emergency room of a rural hospital after experiencing 12 hours of abdominal cramping and vaginal bleeding with the passage of large clots. A presumptive diagnosis of *abruptio placenta* was made, and she was sent to a tertiary care center 60 miles away by ambulance. Upon arrival, the woman was in profound shock and bleeding from her vagina and from puncture sites due to attempts to draw blood and to start intravenous fluids at the other hospital. No fetal heart sounds were audible. Despite administration of blood and clotting factors, intravascular pressure could not be maintained. Mother and fetus both died.

Maternal death certificate:

CAUSE-OF-DEATH				
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:				
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, Leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.	A. Disseminated intravascular coagulopathy		INTERVAL BETWEEN ONSET AND DEATH hour	
	DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
	B. Abruption placenta		13 hours	
	DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
C.		INTERVAL BETWEEN ONSET AND DEATH		
D.		INTERVAL BETWEEN ONSET AND DEATH		
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE			52. AUTOPSY? (Yes / No)	53. WAS CASE DEFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)
pregnancy hypertension			No	
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo,Day, Yr)	56. HOUR OF INJURY (24 Hrs)	57. DESCRIBE HOW INJURY OCCURRED:	
58. INJURY AT WORK? (Yes / No)	59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE	

Fetal death certificate:

CAUSE of FETAL DEATH				
30. PART 1 (enter only one cause per line for (A), (B), and (C)) MATERNAL Fetal and/or Maternal condition directly causing fetal death.			31. SPECIFY FETAL OR MATERNAL	
A. IMMEDIATE CAUSE Intrauterine anoxia			Fetal	
B. DUE TO, OR AS A CONSEQUENCE OF: Abruptio Placenta			SPECIFY FETAL OR MATERNAL Maternal	
C. DUE TO, OR AS A CONSEQUENCE OF:			SPECIFY FETAL OR MATERNAL	
32. PART II. OTHER SIGNIFICANT CONDITIONS OF FETUS OR MOTHER - Conditions contributing or resulting in the underlying cause given above:		33. FETUS DIED 1 <input type="checkbox"/> Before Labor 3 <input type="checkbox"/> During Delivery 2 <input type="checkbox"/> During Labor 4 <input type="checkbox"/> Unknown		34. AUTOPSY Yes No
				35. Were autopsy findings used to complete cause-of-death? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
36. I CERTIFY THAT THE STATED INFORMATION CONCERNING THIS FETUS IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF X		37. DATE SIGNED (Mo, Day, Yr)		38. NAME, TITLE OF ATTENDANT AT DELIVERY IF OTHER THAN CERTIFIER (Type or Print)
39. CERTIFIER NAME AND TITLE (Type or Print)		40. ATTENDANT'S MAILING ADDRESS (Street, Box Number, City, State, ZIP Code)		

Examples of Cause-of-death for Fetal Death Certificate

The physician or midwife in attendance at the time of the fetal death is responsible for signing his or her name in item 36 of the fetal death certificate. He or she is also responsible for completing the cause-of-fetal-death section in items 30 - 40. The medical attendant also checks the medical and health information on the certificate.

Cause-of-fetal-death

A facsimile of the section on cause-of-fetal-death of the fetal death certificate is shown below. It is similar to the cause-of-death section of the U.S. Standard Certificate of Death. As such, it is designed to facilitate reporting of the causes of fetal death and makes the medical attendant responsible for indicating what led to the fetal death. The medical attendant is the best person to decide which of several conditions was directly responsible for the fetal death and what antecedent conditions, if any, gave rise to the immediate cause. For statistical and research purposes, it is important that the reporting of the medical information on the fetal death certificate be specified as precisely as possible.

Cause-of-fetal-death				
PART 1 (enter only one cause per line for (A), (B), and (C))				31. SPECIFY FETAL OR MATERNAL
Fetal and/or Maternal condition directly causing fetal death.	A. IMMEDIATE CAUSE			
Fetal and/or Maternal conditions, if any, giving rise to the immediate cause (A) stating the underlying cause last.	B DUE TO, OR AS A CONSEQUENCE OF:			SPECIFY FETAL OR MATERNAL
	C. DUE TO, OR AS A CONSEQUENCE OF:			SPECIFY FETAL OR MATERNAL
32. PART II OTHER SIGNIFICANT CONDITIONS OF FETUS OR MOTHER - Conditions contributing not resulting in the underlying cause given above:	33. FETUS DIED 1 <input type="checkbox"/> Before Labor 2 <input type="checkbox"/> During Labor	3 <input type="checkbox"/> During Delivery 4 <input type="checkbox"/> Unknown	34. AUTOPSY Yes No	35. Were autopsy findings used to complete cause-of-death? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
36. I CERTIFY THAT THE STATED INFORMATION CONCERNING THIS FETUS IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF X	37. DATE SIGNED (Mo, Day, Yr)		38. NAME, TITLE OF ATTENDANT AT DELIVERY IF OTHER THAN CERTIFIER (Type or Print)	
39. CERTIFIER NAME AND TITLE (Type or Print)		40. ATTENDANT'S MAILING ADDRESS (Street, Box Number, City, State, ZIP Code)		

As can be seen, the section on cause-of-fetal-death consists of two parts. Part I is for reporting the sequence of events leading to the fetal death, proceeding backward from the immediate cause-of-fetal-death. In Part II, other significant contributory conditions to the fetal death are reported. In reporting the causes of fetal death, conditions in the fetus or mother, or of the placenta, cord, or membranes, are reported if they are believed to have adversely affected the fetus. Cause-of-fetal-death includes information provided by the pathologist if tissue analysis, autopsy, or another type of postmortem exam was done. **If microscopic exams for a fetal death are still pending at the time the fetal death certificate is filed, you must complete and file an *Affidavit for Correction* with the Local or State Registrar as soon as the additional information is available.** If you have any questions about the procedures for doing this, contact your Local or State Registrar.

Part I of the Cause-of-fetal-death

Only one cause is to be entered on each line of Part I. Additional lines are added when necessary. For each cause, indicate in the space provided whether the condition was fetal or maternal. The underlying cause-of-fetal-death is entered on the lowest line used in Part I. The underlying cause-of-fetal-death is the condition that started the sequence of events between normal health of the mother or fetus and the immediate cause-of-fetal-death.

Line (a) Immediate Cause

In Part I, the immediate cause-of-fetal-death is reported on line (a). This is the fetal or maternal disease or condition directly causing the fetal death. An immediate cause-of-fetal-death is always reported and entered on line (a). It can be the sole entry in the cause-of-fetal-death section if that condition was the only condition causing the fetal death.

Line (b) and (c) Due to (or as a Consequence of)

On line (b) report the disease, injury, or complication, if any, that gave rise to the

immediate cause-of-fetal-death. If this, in turn, resulted from another condition, record that condition on line (c). The underlying cause-of-fetal-death is reported on the lowest used line in Part I.

The words “due to (or as a consequence of),” which are printed between the lines of Part I, apply not only to sequences with an etiological or pathological basis but also to sequences where an antecedent condition is believed to have prepared the way for the more immediate cause by damage to tissues or impairment of function.

If an accident, poisoning, or violence to the mother caused death to the fetus, the medical attendant complies with any local regulations for the referral of deaths due to violence or accidents to the medical examiner or coroner.

Specify Fetal or Maternal

Space is provided at the end of each line in Part I for recording whether the condition was fetal or maternal. Report this information for all conditions.

Part II of the Cause-of-fetal-death (Other Significant Conditions)

Record on these lines all other important diseases or conditions in the fetus or mother that were present at the time of fetal death which may have contributed to the fetal death but did not result in the underlying cause-of-fetal-death listed in Part I.

Pending Cause-of-fetal-death

In many instances, information on the cause-of-fetal-death may be pending further study of tissue or autopsy results or a pathology report. In this situation, the pathologist may be in a better position than any other individual to make a judgment as to which of the conditions led directly to fetal death and to state the antecedent conditions, if any, which gave rise to this cause. **When the pathologist has additional information to report on the cause-of-fetal-death, he or she must inform the attending physician and the certifier must complete and file an *Affidavit for Correction*.** They must file the *Affidavit for Correction* with the Local or State Registrar.

Examples of fetal death causes

Case History No. 1

The mother was a 29-year-old gravida 1, para 0 woman with a history of drug abuse. She had a normal pregnancy until 28 weeks gestation, when hydramnios was noted. Ultrasonography suggested anencephaly. No fetal movement was noted, nor were fetal heart sounds audible. Labor was induced, and a stillborn anencephalic fetus weighing 1100 grams was delivered.

CAUSE FETAL DEATH				
PART 1 (enter only one cause per line for (A), (B), and (C))				31. SPECIFY FETAL OR MATERNAL
MATERNAL Fetal and/or Maternal condition directly causing fetal death.	A. IMMEDIATE CAUSE Anencephaly			Fetal
Fetal and/or Maternal conditions, if any, giving rise to the immediate cause (A) stating the underlying cause last.	B DUE TO, OR AS A CONSEQUENCE OF:			SPECIFY FETAL OR MATERNAL
	C. DUE TO, OR AS A CONSEQUENCE OF:			SPECIFY FETAL OR MATERNAL
2. PART II: OTHER SIGNIFICANT CONDITIONS OF FETUS OR MOTHER - Conditions contributing not resulting in the underlying cause given above: Maternal Drug Use		33. FETUS DIED 1 <input checked="" type="checkbox"/> Before Labor 2 <input type="checkbox"/> During Labor	3 <input type="checkbox"/> During Delivery 4 <input type="checkbox"/> Unknown	34. AUTOPSY Yes No 35. Were autopsy findings used to complete cause-of-death? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
36. I CERTIFY THAT THE STATED INFORMATION CONCERNING THIS FETUS IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF X		37. DATE SIGNED (Mo, Day, Yr)		38. NAME, TITLE OF ATTENDANT AT DELIVERY IF OTHER THAN CERTIFIER (Type or Print)
39. CERTIFIER NAME AND TITLE (Type or Print)		40. ATTENDANT'S MAILING ADDRESS (Street, Box Number, City, State, ZIP Code)		

Note: The drug(s) should be specified when known.

Case History No. 2

The mother had a normal pregnancy until 28 weeks gestation, when she noticed the absence of fetal movement which was confirmed by ultrasound. There were no audible fetal heart sounds. Labor was induced and the mother was delivered of a 900-gram fetus, apparently female, delivered after prostaglandin.

The facies was abnormal with depressed nasal bridge, anteverted nostrils, small mouth, small posteriorly rotated ears, and midline frontal bossing. There was an umbilical hernia and a sacral neural tube defect (meningocele). The external genitalia were ambiguous. There was syndactyly of toes 2+3, and rockerbottom feet bilaterally. The fingers were short and edematous; there were no flexion creases on the palms of either hand.

Gross autopsy revealed internally that the genitalia were those of a normal male. The adrenals were small. There were several accessory spleens, partial malrotation of the gut and an atrial septal defect. The placenta had trophoblastic cysts. Tissues (muscle and fetal membranes) were taken for future chromosome analysis.

CAUSE FETAL DEATH				
PART 1 (enter only one cause per line for (A), (B), and (C)) MATERNAL Fetal and/or Maternal condition directly causing fetal death.			31. SPECIFY FETAL OR MATERNAL	
A. IMMEDIATE CAUSE Probable chromosome anomaly-pending cytogenetics report			Fetal	
B DUE TO, OR AS A CONSEQUENCE OF:			SPECIFY FETAL OR MATERNAL	
C. DUE TO, OR AS A CONSEQUENCE OF:			SPECIFY FETAL OR MATERNAL	
2. PART II OTHER SIGNIFICANT CONDITIONS OF FETUS OR MOTHER - Conditions contributing not resulting in the underlying cause given above:		33. FETUS DIED 1 <input type="checkbox"/> Before Labor 2 <input type="checkbox"/> During Labor	34. AUTOPSY Yes No 3 <input type="checkbox"/> During Delivery 4 <input type="checkbox"/> Unknown	35. Were autopsy findings used to complete cause-of-death? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
36. I CERTIFY THAT THE STATED INFORMATION CONCERNING THIS FETUS IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF X		37. DATE SIGNED (Mo, Day, Yr)	38. NAME, TITLE OF ATTENDANT AT DELIVERY IF OTHER THAN CERTIFIER (Type or Print)	
39. CERTIFIER NAME AND TITLE (Type or Print)		40. ATTENDANT'S MAILING ADDRESS (Street, Box Number, City, State, ZIP Code)		

Two weeks later a chromosome analysis report became available that provided a diagnosis of triploidy, karyotype 69, XXY. An *Affidavit for Correction* stating the cause-of-death was filed with the Local Registrar of Vital Statistics.

CAUSE FETAL DEATH				
PART 1 (enter only one cause per line for (A), (B), and (C)) MATERNAL Fetal and/or Maternal condition directly causing fetal death.			31. SPECIFY FETAL OR MATERNAL	
A. IMMEDIATE CAUSE Triploidy syndrome, karyotype 69, xxy			Fetal	
B DUE TO, OR AS A CONSEQUENCE OF:			SPECIFY FETAL OR MATERNAL	
C. DUE TO, OR AS A CONSEQUENCE OF:			SPECIFY FETAL OR MATERNAL	
2. PART II OTHER SIGNIFICANT CONDITIONS OF FETUS OR MOTHER - Conditions contributing not resulting in the underlying cause given above:		33. FETUS DIED 1 <input type="checkbox"/> Before Labor 2 <input type="checkbox"/> During Labor	34. AUTOPSY Yes No 3 <input type="checkbox"/> During Delivery 4 <input type="checkbox"/> Unknown	35. Were autopsy findings used to complete cause-of-death? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
36. I CERTIFY THAT THE STATED INFORMATION CONCERNING THIS FETUS IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF X		37. DATE SIGNED (Mo, Day, Yr)	38. NAME, TITLE OF ATTENDANT AT DELIVERY IF OTHER THAN CERTIFIER (Type or Print)	
39. CERTIFIER NAME AND TITLE (Type or Print)		40. ATTENDANT'S MAILING ADDRESS (Street, Box Number, City, State, ZIP Code)		

Case History No. 3

The mother, a 32-year-old primigravida with severe pre-eclampsia, developed an abruptio placenta at 35 weeks gestation. The fetus was observed by fetal monitoring to be without heart sounds for 20 minutes before delivery was accomplished. This was assumed to be intrauterine hypoxia.

CAUSE FETAL DEATH				
PART 1 (enter only one cause per line for (A), (B), and (C)) MATERNAL Fetal and/or Maternal condition directly causing fetal death.				31. SPECIFY FETAL OR MATERNAL
A. IMMEDIATE CAUSE Intrauterine hypoxia				Fetal
B. DUE TO, OR AS A CONSEQUENCE OF: Abruptio Placenta				SPECIFY FETAL OR MATERNAL Maternal
C. DUE TO, OR AS A CONSEQUENCE OF: Pre-eclampsia, severe				SPECIFY FETAL OR MATERNAL Maternal
2. PART II OTHER SIGNIFICANT CONDITIONS OF FETUS OR MOTHER - Conditions contributing not resulting in the underlying cause given above:		33. FETUS DIED 1 <input type="checkbox"/> Before Labor 3 <input type="checkbox"/> During Delivery 2 <input type="checkbox"/> During Labor 4 <input type="checkbox"/> Unknown		34. AUTOPSY Yes No 35. Were autopsy findings used to complete cause-of-death? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
36. I CERTIFY THAT THE STATED INFORMATION CONCERNING THIS FETUS IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF X		37. DATE SIGNED (Mo, Day, Yr)		38. NAME, TITLE OF ATTENDANT AT DELIVERY IF OTHER THAN CERTIFIER (Type or Print)
39. CERTIFIER NAME AND TITLE (Type or Print)		40. ATTENDANT'S MAILING ADDRESS (Street, Box Number, City, State, ZIP Code)		

Other Items for Medical Certification

Additional information required from the physician includes a clinical estimate of gestation (item 49) and whether the fetus died before labor or during labor or delivery (item 33). In addition, some of the medical and health information (items 56-66) is completed or checked for accuracy. These items request information on risk factors for the pregnancy, obstetric procedures used, complications of labor or delivery, method of delivery, and congenital anomalies of the fetus.

APPENDICES

APPENDIX A
Policy/Procedures

**Department of Health/EHS-PHL/Center for Health Statistics
Policy/Procedure**

Number:	CHS-D1
Title:	Out-of-County Death, In-County Disposition
References:	RCW 70.58.230
Contact:	Carol Armstrong
Effective Date:	April 4, 1990
Supersedes:	
Approved:	Rowena Wilson-Canty
	Director, Center for Health Statistics

Policy Statement:

The policy of the Department of Health/Center for Health Statistics is to have an established, formalized procedure by which a funeral home will process a death certificate when a body is removed from the county of death for disposition in another registration district.

Policies:

- I. RCW 70.58.230 requires the filing a burial transit permit or notice of removal from a local registrar of the county where the human remains were found before disposition or removal to a location outside of the that county can take place. This law provides that a funeral director or embalmer licensed by the State of Washington may remove human remains for burial in another county of the State if he or she files a notice of removal in the county where the death occurred.

Procedure:

Responsibility

Funeral Director or
Licensed Embalmer

Action

1. Funeral home personnel picks up human remains in another county.
2. Funeral home has two options:
 - File a complete and accurate death certificate with the county of death's Local Registrar and receive the burial transit permit that same day to accompany the body as it is transported from the county where the death occurred or
 - File or mail a notice of removal form to the county where the death occurred within 24 hours
 - * In this case, the local funeral home fills out a notice or removal form. This document allows the funeral home to move a body from one registration district to another district without a burial transit permit. The notice is signed by the funeral director or embalmer and contains the name and address of the local registrar of the county where disposition of the human remains will take place.
3. The funeral home files the complete and accurate death

- certificate with the Local Registrar in the county where the disposition will take place.
- Local Deputy Registrar in County of Disposition 4. The Local Registrar in the county of disposition scans the death certificate for completeness, then stamps only the burial transit permit. They stamp the "Registrar Address", "Registrar Signature", and "Date Signed". The Local Registrar then writes "Emergency" in red ink in the large space above the burial/cremation date. They do not stamp the death certificate.
5. The Local Registrar charges the local funeral home \$1.00 for accepting the death certificate and issuing the burial transit permit.
6. The Local Registrar returns the burial transit permit to the local funeral home, permitting them to dispose of the body. The Local Registrar keeps the death Certificate and mails it for filing to the Local Registrar where the death occurred..
- Local Deputy Registrar in County where death occurred 7. The Local Registrar files the death certificate.

**Department of Health/EHS-PHL/Center for Health Statistics
Policy/Procedure**

Number:	CHS-D3
Title:	Referral of Cases to County Medical Examiner's or County Coroner's Offices
References:	RCW 70.58.230
Contact:	Carol Armstrong
Effective Date:	March 1, 1999
Supersedes:	
Approved:	Teresa J. Jennings
Director, Center for Health Statistics	

Policy Statement:

The policy of the Department of Health/Center for Health Statistics is to have an established, formalized procedure by which local deputy registrars refer death cases needing further investigation to their County's Medical Examiner, Coroners, or Coroner/Prosecutor.

County coroners are authorized to assume jurisdiction over deceased individuals when no physician is in attendance at the time of death. See RCW 70.58.170, RCW 70.58.180, and RCW 68.50.010. When a physician is in attendance at the time that the death occurs, that physician will certify the cause of death. However, there are circumstances when the coroner has jurisdiction over the body of the deceased individual even when an attending physician is in attendance. These circumstances are set forth in RCW 68.50.010.

The law does not specifically address the situation that arises when the coroner disagrees with the attending physician's cause of death. The attending physician is the favored certifier to the cause-of-death in non-traumatic circumstances. The coroner can amend the cause of death determined by an attending physician, but then must also assume the responsibility for certifying the cause of death.

If the coroner has assumed jurisdiction over the human remains and further investigation reveals that the cause of death determined by the attending physician is inaccurate, the most reasonable solution is to request that the attending physician review the investigation findings and amend the cause of death to reflect the additional information. If instances arise where the attending physician does not agree with the coroner's determination regarding the cause of death, the attending physician should be removed as the certifier and the coroner must sign the certificate, certifying the cause of death.

Authority:

1. RCW 68.50.010 Coroner's jurisdiction over remains. The jurisdiction of bodies of all deceased persons who come to their death suddenly when in apparent good health without

medical attendance within the thirty-six hours preceding death; or where the circumstances of death indicate death was caused by unnatural or unlawful means; or where death occurs under suspicious circumstances; or where a coroner's autopsy or post mortem or coroner's inquest is to be held; or where death results from unknown or obscure causes, or where death occurs within one year following an accident; or where the death is caused by any violence whatsoever.

2. RCW 70.58.170 Certificate of death or fetal death--By whom filed. The funeral director or person in charge of interment...shall present the certificate of death to the physician last in attendance upon the deceased, or, if the deceased died without medical attendance, to the health officer, coroner, or prosecuting attorney having jurisdiction, who shall thereupon certify the cause of death according to his best knowledge and belief and shall sign the certificate of death or fetal death within two days after being presented with the certificate unless good cause for not signing the certificate within the two days can be established.
3. RCW 70.58.180 Certificate when no physician in attendance-- Legally accepted cause of death. If the death occurred without medical attendance, the funeral director or person in charge of interment shall notify the coroner, or prosecuting attorney if there is no coroner in the county. If the circumstances suggest that the death or fetal death was caused by unlawful or unnatural causes or if there is no local health officer with jurisdiction, the coroner, or if none, the prosecuting attorney shall complete and sign the certification, noting upon the certificate that no physician was in attendance at the time of death. In case of any death without medical attendance in which there is no suspicion of death from unlawful or unnatural causes, the local health officer or his deputy, the coroner and if none, the prosecuting attorney, shall complete and sign the certification, noting upon the certificate that no physician was in attendance at the time of death, and noting the cause of death without the holding of an inquest or performing of an autopsy or post mortem, but from statements of relatives, persons in attendance during the last sickness, persons present at the time of death or other persons having adequate knowledge of the facts. The cause of death, the manner and mode in which death occurred, as noted by the coroner or if none, the prosecuting attorney or the health officer and incorporated in the death certificate filed with the bureau of vital statistics of the board of health shall be the legally accepted manner and mode by which the deceased came to his or her death and shall be the legally accepted cause of death.
4. RCW 70.58.190 Permit to dispose of body when cause of death undetermined. If the cause of death cannot be determined within three days, the certification of its cause may be filed after the prescribed period, but the attending physician, coroner, or prosecuting attorney shall give the local registrar of the district in which the death occurred written notice of the reason for the delay, in order that a permit for the disposition of the body may be issued if required.

Procedure:

Responsibility	Action
Funeral Director or Licensed Embalmer	1. Submits death certificate to local deputy registrar prior to disposition of the human remains.
Local Deputy Registrar	2. Examines the cause-of-death portion of the death certificate for possible referral to the Medical Examiner or Coroner. <ul style="list-style-type: none">• The following causes are referred if they appear anywhere on the certificate: <i>Asphyxia, bolus, choking, emboli, embolus, exsanguination, fall, fracture, FX, ORIF (Open Reduction of Fracture), overdose, remote or old injuries (traffic, neck, etc.), surgery or surgical procedures, unknown</i>• The following cases are referred if they appear without any underlying cause: Cardiac arrest, cardiopulmonary arrest, emboli, embolus, pneumonia, pulmonary arrest, respiratory arrest, sepsis, subarachnoid hematoma, subdural hematoma, sudden death, old age, failure to thrive, starvation. 3. If referral is required, returns original death certificate with burial transit permit attached to the funeral director and disallows disposition until investigation is completed or deferred and cause-of-death information is found to be satisfactory.
Funeral Director or Licensed Embalmer	4. Takes original with burial transit permit attached to the County Medical Examiner or Coroner Office.
Medical Examiner or Coroner	5. Determines if it requires further investigation or falls within the ME/Coroner's Office jurisdiction. If so, he investigates the death and either: <ul style="list-style-type: none">• Returns the original without change as no correction is needed; or• Files an Affidavit of Correction to change the cause-of-death or add to the injury portion. ME/Coroner must sign as certifier; or• If further investigation is needed, writes "Pending" in the "cause-of-death" portion and files the certificate with the local deputy registrar. When the investigation is complete, the ME/Coroner changes the cause-of-death using an Affidavit of Correction• Works with the certifying physician, asking him or her to complete the injury portion or change/add more information to the cause-of-death. In this case, no Affidavit of Correction is needed and the

	ME/Coroner does not sign as certifier.
	6. Returns death certificate to funeral director or licensed embalmer.
Funeral Director or Licensed Embalmer	7. When cause-of-death is found to be satisfactory or pending investigation, re-submits death certificate to local deputy.
Local Deputy Registrar	8. Files the death certificate.

Department of Health/EHS-PHL/Center for Health Statistics
Policy/Procedure

Number:	CHS-D4
Title:	Authority to Review and Sign Death Certificates and Burial Transit Permits; Use of Facsimile
References:	RCW 70.58.230
Contact:	Carol Armstrong
Effective Date:	
Supersedes:	
Approved:	Teresa J. Jennings
Director, Center for Health Statistics	

Policy Statement:

The policy of the Department of Health/Center for Health Statistics is to have an established, formalized procedure by which death certificates, burial transit permits, and notice of removals are properly administered.

In order to assure that the records are completed properly and in a timely manner, each signatory must, as required by law, review and complete his or her duties within the framework of the law.

Review, by its nature, can only be accomplished if it is performed by a person other than the person completing the paperwork. Thus, the duties of local deputy registrars pertaining to the review of death certificates cannot be transferred to funeral home personnel. Where distance and travel make hand delivery difficult or costly, it is permissible to carry out the paperwork by facsimile (FAX).

It is possible for funeral home personnel to act as a sexton when they are carrying out disposition of human remains in a cemetery, burial grounds or crematorium that does not have a sexton in charge.

Authority:

1. RCW 70.58.030 Duties of local registrar...If any certificate of death is incomplete or unsatisfactory, the local registrar shall call attention to the defects in the return, and withhold issuing the burial-transit permit until it is corrected. If the certificate of death is properly executed and complete, he or she shall issue a burial-transit permit to the funeral director or person acting as such.

2. RCW 70.58.240 Duties of funeral directors. Each funeral director or person acting as such shall obtain a certificate of death and file the same with the local registrar, and secure a burial-transit permit, prior to any permanent disposition of the body. He shall obtain the personal and statistical particulars required, from the person best qualified to supply them. He shall present the certificate to the attending physician or in case the death occurred without any medical attendance, to the proper official for certification for the medical certificate of the cause of death and other particulars necessary to complete the record. He shall supply the information required relative to the date and place of disposition and he shall present the completed

certificate to the local registrar, for the issuance of a burial-transit permit. He shall deliver the burial permit to the sexton, or person in charge of the place of burial, before interring the body; or shall attach the transit permit to the box containing the corpse, when shipped by any transportation company, and the permit shall accompany the corpse to its destination.

3. *RCW 70.58.250 Burial-transit permit—Requisites. The burial-transit permit shall contain a statement by the local registrar and over his signature, that a satisfactory certificate of death having been filed with him, as required by law, permission is granted to inter, remove, or otherwise dispose of the body; stating the name of the deceased and other necessary details upon the form prescribed by the state registrar.*

4. *RCW 70.58.260 Burial grounds—Duties of sexton. It shall be unlawful for any person in charge of any premises in which bodies of deceased persons are interred, cremated or otherwise permanently disposed of, to permit the interment, cremation or other disposition of any body upon such premises unless it is accompanied by a burial, removal or transit permit as hereinabove provided. It shall be the duty of the person in charge of any such premises to, in case of the interment, cremation or other disposition of a body therein, endorse upon the permit the date and character of such disposition, over his signature, to return all permits so endorsed to the local registrar of his district within ten days from the date of such disposition, and to keep a record of all bodies disposed of on the premises under his charge, stating, in each case, the name of the deceased person, if known, the place of death, the date of burial or other disposition, and the name and address of the undertaker, which record shall at all times be open to public inspection, and it shall be the duty of every undertaker, or person acting as such, when burying a body in a cemetery or burial grounds having no person in charge, to sign the burial, removal or transit permit, giving the date of burial, write across the face of the permit the words “no person in charge”, and file the burial, removal or transit permit within ten days with the registrar of the district in which the cemetery is located.*

Procedure:

Responsibility	Action
Funeral Director or Licensed Embalmer	9. Submits completed death certificate to the appropriate local deputy registrar prior to disposition of the human remains. (Cause-of-death may be pending investigation or toxicology.) Death certificate and accompanying burial transit permit may be transmitted by FAX to the local deputy registrar. If the FAX option is used, the funeral director must still send the completed original death certificate to the local deputy registrar.
Local Deputy Registrar	10. Examines the death certificate to assure proper completion and possible referral to the Medical Examiner or Coroner. <ul style="list-style-type: none">• If no referral is required, she or he signs and returns the burial transit permit to the funeral director and allows disposition to take place. The burial transit permit may be returned by FAX.• If referral is required, she or he returns the original death certificate with burial transit permit attached to the funeral director, disallows disposition, and refers the funeral director to the medical examiner’s or coroner’s office.
Funeral Director or Licensed Embalmer	11. Presents the completed and signed burial transit permit with the human remains to the sexton. If no sexton is in charge, the funeral director may sign the burial-transit permit, giving the date of burial, writing across the face of the permit the words “no person in charge”, and filing the burial-transit permit within ten days with the registrar of the district in which the cemetery is located.
sexton	12. Indicates the type of disposition on the burial-transit permit; then

signs and dates the permit. Within ten days, he or she returns all burial-transit permits to the local deputy registrar for the county in which the cemetery, crematorium, or burial grounds is located.

APPENDIX B

Revised Code of Washington

***RCW 43.70.150 and 160 Registration of Vital Statistics and
Duties of the State Registrar***

RCW 68.50 Human Remains

RCW 70.58 Vital Statistics

Chapter 43.70 RCW

RCW 43.70.150

Registration of vital statistics.

The secretary of health shall have charge of the state system of registration of births, deaths, fetal deaths, marriages, and decrees of divorce, annulment and separate maintenance, and shall prepare the necessary rules, forms, and blanks for obtaining records, and insure the faithful registration thereof.

[1989 1st ex.s. c 9 § 254; 1979 c 141 § 51; 1967 c 26 § 1; 1965 c 8 § [43.20.070](#). Prior: 1907 c 83 § 1; RRS § 6018. Formerly [RCW 43.20A.620](#) and [43.20.070](#).]

NOTES:

Effective date -- 1967 c 26: "This act shall take effect on January 1, 1968." [1967 c 26 § 12.]

Vital statistics: [Chapter 70.58 RCW](#).

RCW 43.70.160

Duties of registrar.

The state registrar of vital statistics shall prepare, print, and supply to all registrars all blanks and forms used in registering, recording, and preserving the returns, or in otherwise carrying out the purposes of Title 70 RCW; and shall prepare and issue such detailed instructions as may be required to secure the uniform observance of its provisions and the maintenance of a perfect system of registration. No other blanks shall be used than those supplied by the state registrar. The state registrar shall carefully examine the certificates received monthly from the local registrars, county auditors, and clerks of the court and, if any are incomplete or unsatisfactory, the state registrar shall require such further information to be furnished as may be necessary to make the record complete and satisfactory, and shall cause such further information to be incorporated in or attached to and filed with the certificate. The state registrar shall furnish, arrange, bind, and make a permanent record of the certificate in a systematic manner, and shall prepare and maintain a comprehensive index of all births, deaths, fetal deaths, marriages, and decrees of divorce, annulment and separate maintenance registered.

[1989 1st ex.s. c 9 § 255; 1967 c 26 § 2; 1965 c 8 § [43.20.080](#). Prior: 1961 ex.s. c 5 § 2; 1951 c 106 § 1; 1915 c 180 § 9; 1907 c 83 § 17; RRS § 6034. Formerly [RCW 43.20A.625](#) and [43.20.080](#).]

NOTES:

Effective date -- 1967 c 26: See note following [RCW 43.70.150](#).

Vital statistics: [Chapter 70.58 RCW](#).

Chapter 68.50 RCW

RCW 68.50.010

Coroner's jurisdiction over remains.

The jurisdiction of bodies of all deceased persons who come to their death suddenly when in apparent good health without medical attendance within the thirty-six hours preceding death; or where the circumstances of death indicate death was caused by unnatural or unlawful means; or where death occurs under suspicious circumstances; or where a coroner's autopsy or post mortem or coroner's inquest is to be held; or where death results from unknown or obscure causes, or where death occurs within one year following an accident; or where the death is caused by any violence whatsoever, or where death results from a known or suspected abortion; whether self-induced or otherwise; where death apparently results from drowning, hanging, burns, electrocution, gunshot wounds, stabs or cuts, lightning, starvation, radiation, exposure, alcoholism, narcotics or other addictions, tetanus, strangulations, suffocation or smothering; or where death is due to premature birth or still birth; or where death is due to a violent contagious disease or suspected contagious disease which may be a public health hazard; or where death results from alleged rape, carnal knowledge or sodomy, where death occurs in a jail or prison; where a body is found dead or is not claimed by relatives or friends, is hereby vested in the county coroner, which bodies may be removed and placed in the morgue under such rules as are adopted by the coroner with the approval of the county commissioners, having jurisdiction, providing therein how the bodies shall be brought to and cared for at the morgue and held for the proper identification where necessary.

[1963 c 178 § 1; 1953 c 188 § 1; 1917 c 90 § 3; RRS § 6042. Formerly [RCW 68.08.010](#).]

RCW 68.50.015

Immunity for determining cause and manner of death -- Judicial review of determination.

A county coroner or county medical examiner or persons acting in that capacity shall be immune from civil liability for determining the cause and manner of death. The accuracy of the determinations is subject to judicial review.

[1987 c 263 § 1.]

RCW 68.50.020

Notice to coroner -- Penalty.

It shall be the duty of every person who knows of the existence and location of a dead body coming under the jurisdiction of the coroner as set forth in [RCW 68.50.010](#), to notify the coroner thereof in the most expeditious manner possible, unless such person shall have good reason to believe that such notice has already been given. Any person knowing of the existence of such dead body and not having good reason to believe that the coroner has notice thereof and who shall fail to give notice to the coroner as aforesaid, shall be guilty of a misdemeanor.

[1987 c 331 § 55; 1917 c 90 § 4; RRS § 6043. Formerly [RCW 68.08.020](#)

RCW 68.50.032

Transportation of remains directed by coroner or medical examiner -- Costs.

Whenever a coroner or medical examiner assumes jurisdiction over human remains and directs transportation of those remains by a funeral establishment, as defined in [RCW 18.39.010](#), the reasonable costs of transporting shall be borne by the county if: (1) The funeral establishment transporting the remains is not providing the funeral or disposition services; or (2) the funeral establishment providing the funeral or disposition services is required to transport the remains to a facility other than its own.

Except as provided in [RCW 36.39.030](#), 68.52.030, and 73.08.070, any transportation costs or other costs incurred after the coroner or medical examiner has released jurisdiction over the human remains shall not be borne by the county.

[1991 c 176 § 1.]

RCW 68.50.035

Unlawful to refuse burial to non-Caucasian.

It shall be unlawful for any cemetery under this chapter to refuse burial to any person because such person may not be of the Caucasian race.

[1953 c 290 § 53. Formerly [RCW 68.05.260](#).]

NOTES:

Reviser's note: [RCW 68.50.035](#) (formerly [RCW 68.05.260](#)) was declared unconstitutional in *Price v. Evergreen Cemetery Co. of Seattle* (1960) 157 Wash. Dec. 249.

RCW 68.50.050

Removal or concealment of body -- Penalty.

Any person, not authorized by the coroner or his deputies, who removes the body of a deceased person not claimed by a relative or friend, or who came to their death by reason of violence or from unnatural causes or where there shall exist reasonable grounds for the belief that such death has been caused by unlawful means at the hands of another, to any undertaking rooms or elsewhere, or any person who directs, aids or abets such taking, and any person who in any way conceals the body of a deceased person for the purpose of taking the same to any undertaking rooms or elsewhere, shall in each of said cases be guilty of a gross misdemeanor and upon conviction thereof shall be punished by fine of not more than one thousand dollars, or by imprisonment in the county jail for not more than one year or by both fine and imprisonment in the discretion of the court.

[1917 c 90 § 7; RRS § 6046. Formerly [RCW 68.08.050](#).]

RCW 68.50.060

Bodies for instruction purposes.

Any physician or surgeon of this state, or any medical student under the authority of any such physician or surgeon, may obtain, as hereinafter provided, and have in his possession human dead bodies, or the parts thereof, for the purposes of anatomical inquiry or instruction.

[1891 c 123 § 1; RRS § 10026. Formerly [RCW 68.08.060](#).]

RCW 68.50.070

Bodies, when may be used for dissection.

Any sheriff, coroner, keeper or superintendent of a county poorhouse, public hospital, county jail, or state institution shall surrender the dead bodies of persons required to be buried at the public expense, to any physician or surgeon, to be by him used for the advancement of anatomical science, preference being given to medical schools in this state, for their use in the instruction of medical students. If the deceased person during his last sickness requested to be buried, or if within thirty days after his death some person claiming to be a relative or a responsible officer of a church organization with which the deceased at the time of his death was affiliated requires the body to be buried, his body shall be buried.

[1959 c 23 § 1; 1953 c 224 § 2; 1891 c 123 § 2; RRS § 10027. Formerly [RCW 68.08.070](#).]

RCW 68.50.080

Certificate and bond before receiving bodies.

Every physician or surgeon before receiving the dead body must give to the board or officer surrendering the same to him a certificate from the medical society of the county in which he resides, or if there is none, from the board of supervisors of the same, that he is a fit person to receive such dead body. He must also give a bond with two sureties, that each body so by him received will be used only for the promotion of anatomical science, and that it will be used for such purpose in this state only, and so as in no event to outrage the public feeling.

[1891 c 123 § 3; RRS § 10028. Formerly [RCW 68.08.080](#).]

RCW 68.50.090

Penalty.

Any person violating any provision of [RCW 68.50.060](#) through 68.50.080 shall upon conviction thereof be fined in any sum not exceeding five hundred dollars.

[1987 c 331 § 56; 1891 c 123 § 4; RRS § 10029. Formerly [RCW 68.08.090](#)

RCW 68.50.120

Holding body for debt -- Penalty.

Every person who arrests, attaches, detains, or claims to detain any human remains for any debt or demand, or upon any pretended lien or charge, is guilty of a gross misdemeanor.

[1943 c 247 § 27; Rem. Supp. 1943 § 3778-27. Formerly [RCW 68.08.120](#)

RCW 68.50.185

Individual cremation -- Exception -- Penalty.

(1) A person authorized to dispose of human remains shall not cremate or cause to be cremated more than one body at a time unless written permission, after full and adequate disclosure regarding the manner of cremation, has been received from the person or persons under [RCW 68.50.160](#) having the authority to order cremation. This restriction shall not apply when equipment, techniques, or devices are employed that keep human remains separate and distinct before, during, and after the cremation process.

(2) Violation of this section is a gross misdemeanor.

[1987 c 331 § 61; 1985 c 402 § 3. Formerly [RCW 68.08.185](#).]

NOTES:

Chapter 70.58 RCW

RCW 70.58.005

Definitions.

Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.

(1) "Department" means the department of health.

(2) "Vital records" means records of birth, death, fetal death, marriage, dissolution, annulment, and legal separation, as maintained under the supervision of the state registrar of vital statistics.

[1991 c 3 § 342; 1987 c 223 § 1.]

RCW 70.58.010**Registration districts.**

Each city of the first class shall constitute a primary registration district and each county and the territory of counties jointly comprising a health district, exclusive of the portion included within cities of the first class, shall constitute a primary registration area. All other counties and municipal areas not included in the foregoing shall be divided into registration areas by the state registrar as he may deem essential to obtain the most efficient registration of vital events as provided by law.

[1979 ex.s. c 52 § 2; 1951 c 106 § 4; 1915 c 180 § 1; 1907 c 83 § 2; RRS § 6019.]

RCW 70.58.020**Local registrars -- Deputies.**

Under the direction and control of the state registrar, the health officer of each city of the first class shall be the local registrar in and for the primary registration district under his supervision as health officer and the health officer of each county and district health department shall be the local registrar in and for the registration area which he supervises as health officer and shall serve as such as long as he performs the registration duties as prescribed by law. He may be removed as local registrar of the registration area which he serves by the state board of health upon its finding of evidence of neglect in the performance of his duties as such registrar. The state registrar shall appoint local registrars for those registration areas not included in the foregoing and also in areas where the state board of health has removed the health officer from this position as registrar.

Each local registrar, subject to the approval of the state registrar, shall appoint in writing a sufficient number of deputy registrars to administer the laws relating to vital statistics, and shall certify the appointment of such deputies to the state registrar. Deputy registrars shall act in the case of absence, death, illness or disability of the local registrar, or such other conditions as may be deemed sufficient cause to require their services.

[1979 ex.s. c 52 § 3; 1961 ex.s. c 5 § 5; 1951 c 106 § 5; 1915 c 180 § 2; 1907 c 83 § 3; RRS § 6020.]

NOTES:

Director of combined city-county health department as registrar: [RCW 70.08.060](#).

RCW 70.58.030**Duties of local registrars.**

The local registrar shall supply blank forms of certificates to such persons as require them. He or she shall carefully examine each certificate of birth, death, and fetal death when presented for record, and see that it has been made out in accordance with the provisions of law and the instructions of the state registrar. If any certificate of death is incomplete or unsatisfactory, the local registrar shall call attention to the defects in the return, and withhold issuing the burial-transit permit until it is corrected. If the certificate of death is properly executed and complete, he or she shall issue a burial-transit permit to the funeral director or person acting as such. If a certificate of a birth is incomplete, he or she shall immediately notify the informant, and require that the missing items be supplied if they can be obtained. He or she shall sign as local registrar to each certificate filed in attest of the date of filing in the office. He or she shall make a record of each birth, death, and fetal death certificate registered in such manner as directed by the state registrar. The local registrar shall transmit to the state registrar each original death or fetal death certificate no less than thirty days after the certificate was registered nor more than sixty days after the certificate was registered. On or before the fifteenth day and the last day of each month, each local registrar shall transmit to the state registrar all original birth certificates that were registered prior to that day and which had not been transmitted previously. A local registrar shall transmit an original certificate to the state registrar whenever the state registrar requests the transfer of the certificate from the local registrar. If no births or no deaths occurred in any month, he or she shall, on the tenth day of the following month, report that fact to the state registrar, on a card provided for this purpose. Local registrars in counties in which a first class city or a city of twenty-seven thousand or more population is located may retain an exact copy of the original and make certified copies of the exact copy.

[1990 c 99 § 1; 1961 ex.s. c 5 § 6; 1907 c 83 § 18; RRS § 6035.]

RCW 70.58.040**Compensation of local registrars.**

A local registrar shall be paid the sum of one dollar for each birth, death, or fetal death certificate registered for his district which sum shall cover making out the burial-transit permit and record of the certificate to be filed and preserved in his office. If no births or deaths were registered during any month, the local registrar shall be paid the sum of one dollar for each report to that effect: PROVIDED, That all local health officers who are by statute required to serve as local registrars shall not be entitled to the fee of one dollar. Neither shall any members of their staffs be entitled to the above fee of one dollar when such persons serve as deputy registrars. All fees payable to local registrars shall be paid by the treasurer of the county or city, properly chargeable therewith, out of the funds of the county or city, upon warrants drawn by the auditor, or other proper officer of the county or city. No warrant shall be issued to a local registrar except upon a statement, signed by the state registrar, stating the names and addresses respectively of the local registrars entitled to fees from the county or city, and the number of certificates and reports of births, deaths, and fetal deaths, properly returned to the state registrar, by each local registrar, during three preceding calendar months prior to the date of the statement, and the amount of fees to which each local registrar is entitled, which statement the state registrar shall file with the proper officers during the months of January, April, July, and October of each year. Upon filing of the statement the auditor or other proper officer of the county or city shall issue warrants for the amount due each local registrar.

[1961 ex.s. c 5 § 7; 1951 c 106 § 8; 1915 c 180 § 10; 1907 c 83 § 19; RRS § 6036.]

RCW 70.58.050

Duty to enforce law.

The local registrars are hereby charged with the strict and thorough enforcement of the provisions of *this act in their districts, under the supervision and direction of the state registrar. And they shall make an immediate report to the state registrar of any violations of this law coming to their notice by observation or upon the complaint of any person, or otherwise. The state registrar is hereby charged with the thorough and efficient execution of the provisions of *this act in every part of the state, and with supervisory power over local registrars, to the end that all of the requirements shall be uniformly complied with. He shall have authority to investigate cases of irregularity or violation of law, personally or by accredited representative, and all local registrars shall aid him, upon request, in such investigation. When he shall deem it necessary he shall report cases of violation of any of the provisions of *this act to the prosecuting attorney of the proper county with a statement of the fact and circumstances; and when any such case is reported to them by the state registrar, all prosecuting attorneys or officials acting in such capacity shall forthwith initiate and promptly follow up the necessary court proceedings against the parties responsible for the alleged violations of law. And upon request of the state registrar the attorney general shall likewise assist in the enforcement of the provisions of *this act.

[1907 c 83 § 22; RRS § 6039.]

NOTES:

***Reviser's note:** "this act" appears in 1907 c 83 codified as [RCW 70.58.010](#) through 70.58.100, 70.58.230 through 70.58.280, and 43.20A.620 through 43.20A.630.

RCW 70.58.055

Certificates generally.

(1) To promote and maintain nation-wide uniformity in the system of vital statistics, the certificates required by this chapter or by the rules adopted under this chapter shall include, as a minimum, the items recommended by the federal agency responsible for national vital statistics including social security numbers.

(2) The state board of health by rule may require additional pertinent information relative to the birth and manner of delivery as it may deem necessary for statistical study. This information shall be placed in a confidential section of the birth certificate form and shall not be subject to the view of the public or for certification purposes except upon order of the court. The state board of health may eliminate from the forms items that it determines are not necessary for statistical study.

(3) Each certificate or other document required by this chapter shall be on a form or in a format prescribed by the state registrar.

(4) All vital records shall contain the data required for registration. No certificate may be held to be complete and correct that does not supply all items of information called for or that does not satisfactorily account for the omission of required items.

(5) Information required in certificates or documents authorized by this chapter may be filed and registered by photographic, electronic, or other means as prescribed by the state registrar.

[1997 c 58 § 948; 1991 c 96 § 1.]

NOTES:

Short title -- Part headings, captions, table of contents not law -- Exemptions and waivers from federal law -- Conflict with federal requirements -- Severability -- 1997 c 58: See [RCW 74.08A.900](#) through 74.08A.904.

RCW 70.58.061

Electronic and hard copy transmission.

The department is authorized to prescribe by rule the schedule and system for electronic and hard copy transmission of certificates and documents required by this chapter.

[1991 c 96 § 2.]

RCW 70.58.065

Local registrar use of electronic data bases.

The department, in mutual agreement with a local health officer as defined in [RCW 70.05.010](#), may authorize a local registrar to access the state-wide birth data base or death data base and to issue a certified copy of birth or death certificates from the respective state-wide electronic data bases. In such cases, the department may bill local registrars for only direct line charges associated with accessing birth and death data bases.

[1991 c 96 § 3.]

RCW 70.58.104

Reproductions of vital records -- Disclosure of information for research purposes -- Furnishing of birth and death records by local registrars.

(1) The state registrar may prepare typewritten, photographic, electronic, or other reproductions of records of birth, death, fetal death, marriage, or decrees of divorce, annulment, or legal separation registered under law or that portion of the record of any birth which shows the child's full name, sex, date of birth, and date of filing of the certificate. Such reproductions, when certified by the state registrar, shall be considered for all purposes the same as the original and shall be prima facie evidence of the facts stated therein.

(2) The department may authorize by regulation the disclosure of information contained in vital records for research purposes. All research proposals must be submitted to the department and must be reviewed and approved as to scientific merit and to ensure that confidentiality safeguards are provided in accordance with department policy.

(3) Local registrars may, upon request, furnish certified copies of the records of birth, death, and fetal death, subject to all provisions of state law applicable to the state registrar.

[1991 c 96 § 4; 1987 c 223 § 2.]

RCW 70.58.107

Fees charged by department and local registrars.

The department of health shall charge a fee of thirteen dollars for certified copies of records and for copies or information provided for research, statistical, or administrative purposes, and eight dollars for a search of the files or records when no copy is made. The department shall prescribe by regulation fees to be paid for preparing sealed files and for opening sealed files.

No fee may be demanded or required for furnishing certified copies of a birth, death, fetal death, marriage, divorce, annulment, or legal separation record for use in connection with a claim for compensation or pension pending before the veterans administration.

The department shall keep a true and correct account of all fees received and turn the fees over to the state treasurer on a weekly basis.

Local registrars shall charge the same fees as the state as hereinabove provided and as prescribed by department regulation, except that local registrars shall charge thirteen dollars for the first copy of a death certificate and eight dollars for each additional copy of the same death certificate when the additional copies are ordered at the same time as the first copy. All such fees collected, except for five dollars of each fee for the issuance of a certified copy, shall be paid to the jurisdictional health department.

All local registrars in cities and counties shall keep a true and correct account of all fees received under this section for the issuance of certified copies and shall turn five dollars of the fee over to the state treasurer on or before the first day of January, April, July, and October.

Five dollars of each fee imposed for the issuance of certified copies, except for copies suitable for display issued under [RCW 70.58.085](#), at both the state and local levels shall be held by the state treasurer in the death investigations' account established by [RCW 43.79.445](#).
[1997 c 223 § 1; 1991 c 3 § 343; 1988 c 40 § 1; 1987 c 223 § 3.]

RCW 70.58.150

"Fetal death," "evidence of life," defined.

A fetal death means any product of conception that shows no evidence of life after complete expulsion or extraction from its mother. The words "evidence of life" include breathing, beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

[1961 ex.s. c 5 § 11; 1945 c 159 § 5; Rem. Supp. 1945 § 6024-5.]

RCW 70.58.160

Certificate of death or fetal death required.

A certificate of every death or fetal death shall be filed with the local registrar of the district in which the death or fetal death occurred within three days after the occurrence is known, or if the place of death or fetal death is not known, then with the local registrar of the district in which the body is found within twenty-four hours thereafter. In every instance a certificate shall be filed prior to the interment or other disposition of the body: PROVIDED, That a certificate of fetal death shall not be required if the period of gestation is less than twenty weeks.

[1961 ex.s. c 5 § 12; 1945 c 159 § 1; Rem. Supp. 1945 § 6024-1. Prior: 1915 c 180 § 4; 1907 c 83 § 5.]

RCW 70.58.170

Certificate of death or fetal death -- By whom filed.

The funeral director or person in charge of interment shall file the certificate of death or fetal death. In preparing such certificate, the funeral director or person in charge of interment shall obtain and enter on the certificate such personal data as the certificate requires from the person or persons best qualified to supply them. He shall present the certificate of death to the physician last in attendance upon the deceased, or, if the deceased died without medical attendance, to the health officer, coroner, or prosecuting attorney having jurisdiction, who shall thereupon certify the cause-of-death according to his best knowledge and belief and shall sign the certificate of death or fetal death within two days after being presented with the certificate unless good cause for not signing the certificate within the two days can be established. He shall present the certificate of fetal death to the physician, midwife, or other person in attendance at the fetal death, who shall certify the fetal death and such medical data pertaining thereto as he can furnish.

[1979 ex.s. c 162 § 1; 1961 ex.s. c 5 § 13; 1945 c 159 § 2; Rem. Supp. 1945 § 6024-2.]

RCW 70.58.180

Certificate when no physician in attendance -- Legally accepted cause-of-death.

If the death occurred without medical attendance, the funeral director or person in charge of interment shall notify the coroner, or prosecuting attorney if there is no coroner in the county. If the circumstances suggest that the death or fetal death was caused by unlawful or unnatural causes or if there is no local health officer with jurisdiction, the coroner, or if none, the prosecuting attorney shall complete and sign the certification, noting upon the certificate that no physician was in attendance at the time of death. In case of any death without medical attendance in which there is no suspicion of death from unlawful or unnatural causes, the local health officer or his deputy, the coroner and if none, the prosecuting attorney, shall complete and sign the certification, noting upon the certificate that no physician was in attendance at the time of death, and noting the cause-of-death without the holding of an inquest or performing of an autopsy or post mortem, but from statements of relatives, persons in attendance during the last sickness, persons present at the time of death or other persons having adequate knowledge of the facts.

The cause-of-death, the manner and mode in which death occurred, as noted by the coroner or if none, the prosecuting attorney or the health officer and incorporated in the death certificate filed with the bureau of vital statistics of the board of health shall be the legally accepted manner and mode by which the deceased came to his or her death and shall be the legally accepted cause-of-death.

[1961 ex.s. c 5 § 14; 1953 c 188 § 5; 1945 c 159 § 3; Rem. Supp. 1945 § 6024-3. Prior: 1915 c 180 § 5; 1907 c 83 § 7.]

RCW 70.58.190

Permit to dispose of body when cause-of-death undetermined.

If the cause-of-death cannot be determined within three days, the certification of its cause may be filed after the prescribed period, but the attending physician, coroner, or prosecuting attorney shall give the local registrar of the district in which the death occurred written notice of the reason for the delay, in order that a permit for the disposition of the body may be issued if required.

[1945 c 159 § 4; Rem. Supp. 1945 § 6024-4.]

RCW 70.58.230

Permits for burial, removal, etc., required -- Removal to another district without permit, notice to registrar, fee.

It shall be unlawful for any person to inter, deposit in a vault, grave, or tomb, cremate or otherwise dispose of, or disinter or remove from one registration district to another, or hold for more than seventy-two hours after death, the body or remains of any person whose death occurred in this state or any body which shall be found in this state, without obtaining, from the local registrar of the district in which the death occurred or in which the body was found, a permit for the burial, disinterment, or removal of such body: PROVIDED, That a licensed funeral director or embalmer of this state may remove a body from the district where the death occurred to another registration district without having obtained a permit but in such cases the funeral director or embalmer shall at the time of removing a body file with or mail to the local registrar of the district where the death occurred a notice of removal upon a blank to be furnished by the state registrar. The notice of removal shall be signed by the funeral director or embalmer and shall contain the name and address of the local registrar with whom the certificate of death will be filed and the burial-transit permit secured. Every local registrar, accepting a death certificate and issuing a burial-transit permit for a death that occurred outside his district, shall be entitled to a fee of one dollar to be paid by the funeral director or embalmer at the time the death certificate is accepted and the permit is secured. It shall be unlawful for any person to bring into or transport within the state or inter, deposit in a vault, grave, or tomb, or cremate or otherwise dispose of the body or remains of any person whose death occurred outside this state unless such body or remains be accompanied by a removal or transit permit issued in accordance with the law and health regulations in force where the death occurred, or unless a special permit for bringing such body into this state shall be obtained from the state registrar.

[1961 ex.s. c 5 § 16; 1915 c 180 § 3; 1907 c 83 § 4; RRS § 6021.]

NOTES:

Cemeteries and human remains: Title 68 RCW.

RCW 70.58.240

Duties of funeral directors.

Each funeral director or person acting as such shall obtain a certificate of death and file the same with the local registrar, and secure a burial-transit permit, prior to any permanent disposition of the body. He shall obtain the personal and statistical particulars required, from the person best qualified to supply them. He shall present the certificate to the attending physician or in case the death occurred without any medical attendance, to the proper official for certification for the medical certificate of the cause-of-death and other particulars necessary to complete the record. He shall supply the information required relative to the date and place of disposition and he shall present the completed certificate to the local registrar, for the issuance of a burial-transit permit. He shall deliver the burial permit to the sexton, or person in charge of the place of burial, before interring the body; or shall attach the transit permit to the box containing the corpse, when shipped by any transportation company, and the permit shall accompany the corpse to its destination.

[1961 ex.s. c 5 § 17; 1915 c 180 § 6; 1907 c 83 § 8; RRS § 6025.]

RCW 70.58.250

Burial-transit permit -- Requisites.

The burial-transit permit shall contain a statement by the local registrar and over his signature, that a satisfactory certificate of death having been filed with him, as required by law, permission is granted to inter, remove, or otherwise dispose of the body; stating the name of the deceased and other necessary details upon the form prescribed by the state registrar.

[1961 ex.s. c 5 § 18; 1907 c 83 § 9; RRS § 6026.]

RCW 70.58.260

Burial grounds -- Duties of sexton.

It shall be unlawful for any person in charge of any premises in which bodies of deceased persons are interred, cremated or otherwise permanently disposed of, to permit the interment, cremation or other disposition of any body upon such premises unless it is accompanied by a burial, removal or transit permit as hereinabove provided. It shall be the duty of the person in charge of any such premises to, in case of the interment, cremation or other disposition of a body therein, endorse upon the permit the date and character of such disposition, over his signature, to return all permits so endorsed to the local registrar of his district within ten days from the date of such disposition, and to keep a record of all bodies disposed of on the premises under his charge, stating, in each case, the name of the deceased person, if known, the place of death, the date of burial or other disposition, and the name and address of the undertaker, which record shall at all times be open to public inspection, and it shall be the duty of every undertaker, or person acting as such, when burying a body in a cemetery or burial grounds having no person in charge, to sign the burial, removal or transit permit, giving the date of burial, write across the face of the permit the words "no person in charge", and file the burial, removal or transit permit within ten days with the registrar of the district in which the cemetery is located.

[1915 c 180 § 7; 1907 c 83 § 10; RRS § 6027.]

RCW 70.58.280

Penalty.

Every person who shall violate or wilfully fail, neglect or refuse to comply with any provisions of *this act shall be guilty of a misdemeanor and for a second offense shall be punished by a fine of not less than twenty-five dollars, and for a third and each subsequent offense shall be punished by a fine of not less than fifty dollars or more than two hundred and fifty dollars or by imprisonment for not more than ninety days, or by both fine and imprisonment, and every person who shall wilfully furnish any false information for any certificate required by *this act or who shall make any false statement in any such certificate shall be guilty of a gross misdemeanor.

[1915 c 180 § 12; 1907 c 83 § 21; RRS § 6038.]

NOTES:

***Reviser's note:** For "this act," see note following [RCW 70.58.050](#).

RCW 70.58.390

Certificates of presumed death incident to accidents, disasters.

A county coroner, medical examiner, or the prosecuting attorney having jurisdiction may issue a certificate of presumed death when the official issuing the certificate determines to the best of the official's knowledge and belief that there is sufficient circumstantial evidence to indicate that a person has in fact died in the county or in waters contiguous to the county as a result of an accident or natural disaster, such as a drowning, flood, earthquake, volcanic eruption, or similar occurrence, and that it is unlikely that the body will be recovered. The certificate shall recite, to the extent possible, the date, circumstances, and place of the death, and shall be the legally accepted fact of death.

In the event that the county in which the death occurred cannot be determined with certainty, the county coroner, medical examiner, or prosecuting attorney in the county in which the events occurred and in which the decedent was last known to be alive may issue a certificate of presumed death under this section.

The official issuing the certificate of presumed death shall file the certificate with the state registrar of vital statistics, and thereafter all persons and parties acting in good faith may rely thereon with acquittance.

[1981 c 176 § 1.]

APPENDIX C

Washington Administrative Codes

WAC 246-490 and 491

Vital Statistics

WAC 246-490-039

Certificates in pencil not allowed.

All certificates of birth or death shall either be made out legibly with unfading ink or typewritten through a good grade of typewriter ribbon, and shall be signed in either case in ink. No certificate made in pencil shall be accepted by a registrar as a permanent record of birth or death.

[Statutory Authority: [RCW 43.70.040](#) and [43.70.150](#). 92-02-018 (Order 224), § 246-490-039, filed 12/23/91, effective 1/23/92. Statutory Authority: [RCW 43.70.040](#). 91-02-049 (Order 121), recodified as § 246-490-039, filed 12/27/90, effective 1/31/91; Regulation [.40.030](#), effective 3/11/60]

WAC 246-490-040

Handling and care of human remains.

(1) Definitions applicable to [WAC 246-490-040](#) and 246-490-050.

(a) "Barrier precaution" means protective attire or equipment or other physical barriers worn to protect or prevent exposure of skin and mucous membranes of the wearer to infected or potentially infected blood, tissue, and body fluids.

(b) "Burial transit permit" means a form, approved and supplied by the state registrar of vital statistics as described in [chapter 43.20A RCW](#), identifying the name of the deceased, date and place of death, general information, disposition and registrar and sexton information.

(c) "Common carrier" means any person transporting property for the general public for compensation as defined in [chapter 81.80 RCW](#).

(d) "Department" means the Washington state department of health.

(e) "Embalmer" means a person licensed as required in [chapter 18.39 RCW](#) and engaged in the profession or business of disinfecting, preserving, or preparing dead human bodies for disposal or transportation.

(f) "Funeral director" means a person licensed as required in [chapter 18.39 RCW](#) and engaged in the profession or business of conducting funerals and supervising or directing the burials and disposal of human remains.

(g) "Health care facility" means any facility or institution licensed under:

(i) [Chapter 18.20 RCW](#), boarding homes;

(ii) [Chapter 18.46 RCW](#), maternity homes;

(iii) [Chapter 18.51 RCW](#), nursing homes;

(iv) [Chapter 70.41 RCW](#), hospitals; or

(v) [Chapter 71.12 RCW](#), private establishments, or clinics, or other settings where one or more health care providers practice.

(h) "Health care provider" means any person having direct or supervisory responsibility for the delivery of health care or medical care including persons licensed in Washington state under Title 18 RCW to practice medicine, podiatry, chiropractic, optometry, osteopathy, nursing, midwifery, dentistry, physician assistant, and military personnel providing health care within Washington state regardless of licensure.

- (i) "Local registrar of vital statistics" means the health officer or administrator who registers certificates of birth and death occurring in his or her designated registration district as defined in [chapter 70.58 RCW](#).
 - (2) Funeral directors, medical examiners, coroners, health care providers, health care facilities, and their employees directly handling or touching human remains shall:
 - (a) Wash hands and other exposed skin surfaces with soap and water or equivalent immediately and thoroughly after contact with human remains, blood, or body fluids;
 - (b) Use barrier precautions whenever a procedure involves potential contact with blood, body fluids, or tissues of the deceased;
 - (c) Not eat, drink, or smoke in areas where handling of human remains or body fluids take place;
 - (d) Use reasonable precautions to prevent spillage of body fluids during transfer and transport of human remains including, when necessary:
 - (i) Containing, wrapping, or pouching with materials appropriate to the condition of the human remains; and
 - (ii) Obtaining approval from the coroner or medical examiner prior to pouching any human remains under their jurisdiction.
 - (e) Wash hands immediately after gloves are removed;
 - (f) Take precautions to prevent injuries by needles, scalpels, instruments, and equipment during use, cleaning, and disposal;
 - (g) Properly disinfect or discard protective garments and gloves immediately after use;
 - (h) Properly disinfect all surfaces, instruments, and equipment used if in contact with human remains, blood, or body fluids;
 - (i) Provide appropriate disposal of body fluids, blood, tissues, and wastes including:
 - (i) Equipping autopsy rooms, morgues, holding rooms, preparation rooms, and other places with impervious containers;
 - (ii) Lining containers with impervious, disposable material;
 - (iii) Equipping disposal containers with tightly fitting closures;
 - (iv) Destroying contents of disposal containers by methods approved by local ordinances and requirements related to disposal of infectious wastes;
 - (v) Immediately disposing of all fluids removed from bodies into a sewage system approved by the local health jurisdiction or by the department; and
 - (vi) Disinfecting immediately after use all containers and cans used to receive solid or fluid material taken from human remains.
 - (3) Funeral directors, embalmers, and others assisting in preparation of human remains shall refrigerate or embalm the remains within twenty-four hours of receipt. If remains are refrigerated, they shall remain so until final disposition or transport as permitted under [WAC 246-490-050](#).
 - (4) Persons responsible for transfer or transport of human remains shall clean and disinfect equipment and the vehicle if body fluids are present and as necessary.
 - (5) Persons disposing of human remains in Washington state shall comply with requirements under [chapter 68.50 RCW](#).
- [Statutory Authority: [RCW 43.20.050](#). 92-02-019 (Order 225B), § 246-490-040, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-490-040, filed 12/27/90, effective 1/31/91. Statutory Authority: [RCW 43.20.050](#) (2)(e). 89-02-007 (Order 323), § 248-40-040, filed 12/27/88; 88-13-080 (Order 312), § 248-40-040, filed 6/16/88. Statutory Authority: [RCW 43.20.050](#). 86-14-008 (Order 300), § 248-40-040, filed 6/19/86; Regulation [.40.040](#), effective 3/11/60.]

WAC 246-490-050

Transportation of human remains.

- (1) Persons handling human remains shall:
 - (a) Use effective hygienic measures consistent with handling potentially infectious material;
 - (b) Obtain and use a burial-transit permit from the local health officer or local registrar of vital statistics when transporting human remains by common carrier;
 - (c) Enclose the burial-transit permit in a sturdy envelope; and
 - (d) Attach the permit to the shipping case.
- (2) Prior to transporting human remains by common carrier, persons responsible for preparing and handling the remains shall:
 - (a) Enclose the casket or transfer case in a tightly closed, securely constructed outer box;
 - (b) Transport human remains pending final disposition more than twenty-four hours after receipt of human remains by the funeral director only if:

- (i) The remains are thoroughly embalmed, or
 - (ii) The remains are prepared by:
 - (A) Packing orifices with a material saturated with a topical preservative;
 - (B) Wrapping the remains in absorbent material approximately one inch thick and saturated with a preservative or coating the remains with heavy viscosity preservative gel;
 - (C) Placing the remains in a lightweight, disposable burial pouch; and
 - (D) Placing the disposable burial pouch inside a heavy canvas rubberized pouch and appropriately sealing along the zippered area with a substance such as collodion.
 - (3) Persons responsible for human remains routed to the point of final destination on a burial-transit permit shall:
 - (a) Allow temporary holding of remains at a stopover point within the state of Washington for funeral or other purposes without an additional permit; and
 - (b) Surrender the burial-transit permit to the sexton or crematory official at the point of interment or cremation.
 - (4) Sextons and cremation officials shall accept the burial-transit permit as authority for interment or cremation anywhere within the state of Washington.
- [Statutory Authority: [RCW 43.20.050](#). 91-02-051 (Order 124B), recodified as § 246-490-050, filed 12/27/90, effective 1/31/91. Statutory Authority: [RCW 43.20.050](#) (2)(e). 89-02-007 (Order 323), § 248-40-050, filed 12/27/88; 88-13-080 (Order 312), § 248-40-050, filed 6/16/88. Statutory Authority: [RCW 43.20.050](#). 86-14-008 (Order 300), § 248-40-050, filed 6/19/86; Regulation [.40.050](#), effective 3/11/60.]

WAC 246-490-060

Cremated remains.

Rules and regulations adopted by the state board of health pertaining to dead human bodies shall not be construed as applying to human remains after cremation: Provided, however, That a permit for disposition of cremated remains may be issued by local registrars in cooperation with the Washington state cemetery board. The permit for the disposition of cremated remains may be used in connection with the transportation of cremated remains by common carrier or other means: Provided further, That the state department of health may issue a permit for the disposition of cremated remains which have been in the lawful possession of any person, firm, corporation, or association for a period of two years or more. Issuance of such a permit shall not be construed as authorizing disposition which is inconsistent with any statute of the state of Washington or rule or regulation prescribed by the state department of licenses.

[Statutory Authority: [RCW 43.20.050](#). 91-02-051 (Order 124B), recodified as § 246-490-060, filed 12/27/90, effective 1/31/91; Regulation [.40.060](#), effective 3/11/60.]

WAC 246-491-029

Adoption of United States standard certificates and report -- Modifications.

Pursuant to [chapter 70.58 RCW](#), the Washington state board of health adopts and approves for use in the state of Washington, effective January 1, 1992, the 1988 revisions of the United States standard forms of live birth and fetal death. These forms are developed by the United States Department of Health and Human Services, National Center for Health Statistics. The board of health shall make the following modifications to the confidential section of the U.S. standard certificate of live birth and U.S. standard report of fetal death:

U.S. STANDARD CERTIFICATE OF LIVE BIRTH

- Add "Spanish" to "of Hispanic origin."
- Add "or descent? (ancestry)" to "of Hispanic origin."
- Add "Asian or Pacific Islander" to "race."
- Add "occupation" and "type of business or industry" for both parents.
- Add "parental identification of ethnicity and race of child."
- Add "twenty weeks or more, less than twenty weeks" to "pregnancy history."
- Add separate categories for "spontaneous" and "induced" terminations to "pregnancy history."
- Add "total prior pregnancies."

Add under the heading "medical risk factors for this pregnancy," "polyhydramnios, genital herpes, syphilis, "hepatitis B-HB_sA_g positive."

Add under the heading "method of delivery," "C-section with no labor, C-section with trial of labor."

Add under the heading "abnormal conditions of the newborn," drug withdrawal syndrome in newborn.

Delete under 38a "hydramnios."

Delete under item 37b "name of facility infant transferred to."

Add under the heading "other risk factors for pregnancy," "weight before pregnancy."

Add under the heading "complication of labor and/or delivery," "nuchal cord."

Change "tobacco use during pregnancy" to "did mother smoke at any time during pregnancy"?

Add "principal source of payment for prenatal care."

Add "during pregnancy mother participated in (special programs)."

U.S. STANDARD REPORT OF FETAL DEATH

Add "or descent? (ancestry)" to "of Hispanic origin."

Add "Spanish" to "of Hispanic origin."

Add "Asian or Pacific Islander" to "race."

Add "twenty weeks or more, less than twenty weeks" to "other pregnancy outcomes."

Add under the heading "medical risk factors for this pregnancy" "polyhydramnios, first trimester bleeding, epilepsy, genital herpes, syphilis."

Add separate categories for "spontaneous" and "induced" terminations to "pregnancy history."

Add "total prior pregnancies."

Add "fetal hemorrhage, placenta and cord conditions (specify), hemolytic disease, fetal hydrops, shoulder dystocia, other (specify), and none."

Add "C-section with no labor" and "C-section with trial of labor."

Add under the heading "other risk factors for pregnancy," "weight before pregnancy."

Change "tobacco use during pregnancy" to "did mother smoke at any time during pregnancy"?

Add "principal source of payment for prenatal care."

Add "during pregnancy mother participated in (special programs)."

Delete under item 23a "hydramnios and uterine bleeding."

Delete under item 26 "hysterotomy/hysterectomy."

[Statutory Authority: [Chapter 70.58 RCW](#). 91-20-073 (Order 196B), § 246-491-029, filed 9/26/91, effective 10/27/91. Statutory Authority: [RCW 43.20.050](#). 91-02-051 (Order 124B), recodified as § 246-491-029, filed 12/27/90, effective 1/31/91. Statutory Authority: [RCW 70.58.200](#). 88-19-092 (Order 310), § 248-124-010, filed 9/20/88. Statutory Authority: [RCW 43.20.050](#) and [70.58.200](#). 84-02-004 (Order 270), § 248-124-010, filed 12/23/83; Order, § 248-124-010, filed 9/1/67.]

WAC 246-491-039

Confidential information on state of Washington live birth and fetal death certificates pursuant to [chapter 70.58 RCW](#).

The confidential sections of the certificate of live birth and the certificate of fetal death shall not be subject to public inspection and shall not be included on certified copies of the record except upon order of a court.

[Statutory Authority: [Chapter 70.58 RCW](#). 91-20-073 (Order 196B), § 246-491-039, filed 9/26/91, effective 10/27/91. Statutory Authority: [RCW 43.20.050](#). 91-02-051 (Order 124B), recodified as § 246-

WAC 246-491-149

Adoption of United States standard certificates and report -- Modifications pursuant to [RCW 43.70.150](#).

The department adopts and approves for use in the state of Washington, effective January 1, 1992, the 1988 revisions of the United States standard forms for live birth, death, fetal death, marriage, and dissolution. These forms are developed by the United States Department of Health and Human Services, National Center for Health Statistics. With the exception of the confidential section, the department may modify any part of these forms and shall make the following modifications:

U.S. STANDARD CERTIFICATE OF LIVE BIRTH.

Add "mother's request to issue Social Security number (allow up to six months)."
Add "record amendment."
Add "how long at current residence"?

U.S. STANDARD CERTIFICATE OF DEATH.

Under "place of death" add "in transport," "hospital."
Add "smoking in last fifteen years."
Add "or descent" after "of Hispanic origin."
Add "length of residence."
Add "date of disposition."
Add "medical examiner/coroner file number."
Add "hour pronounced dead (24-hours)."
Add "record amended section."
Delete "license number (funeral director)" under item 21b.
Delete "license number (certifier)" under item 23b.
Delete "were autopsy findings available prior to completion of cause of death yes/no" under item 28b.
Delete check boxes under item 20a.
Delete "donation" under item 20a.
Delete check boxes under item 31a.
Delete item 32.
Delete "inpatient" under item 9a.
Delete check boxes under item 29.
Delete "natural" under item 29.

U.S. STANDARD REPORT OF FETAL DEATH.

Add "fetus name."
Add "time of delivery."
Add "place of delivery."
Add "state of birth."
Add "registrar signature."
Add "date filed."
Add "burial, cremation, removal, other (specify)."
Add "date (burial)."
Add "cemetery/crematory-name."
Add "location (cemetery)."
Add "funeral director signature."
Add "name of facility."
Add "address of facility."
Add "autopsy yes/no."
Add "were autopsy findings used to complete the cause of death"?
Add "certification statement."
Change title to "certificate of fetal death."

U.S. STANDARD LICENSE AND CERTIFICATE OF MARRIAGE.

Change title to "certificate of marriage."
Add "type of ceremony (religious/civil ceremony)."
Add "officiant - date signed."
Add "inside of city limits for bride and groom."
Delete "age last birthday" for the groom under item 2.
Delete "age last birthday" for the bride under item 9.
Delete "license to marry" section.
Delete "expiration date of license" under item 17.
Delete "title of issuing official" under item 20.
Delete "confidential information" under items 27 through 30b.

U.S. STANDARD CERTIFICATE OF DIVORCE, DISSOLUTION OF MARRIAGE, OR
ANNULMENT.

Change title to "certificate of dissolution, declaration of invalidity of marriage or
legal separation."
Add check boxes for "type of decree."
Add "inside city limits" for both parties.
Delete "date couple last resided in same household" under item 11.
Change "number of children under eighteen in this household as of this date" to
"number of children born alive of this marriage" under item 12.
Delete check boxes for "petitioner" under item 13.
Delete section "number of children under eighteen whose physical custody was
awarded to" under item 18.
Delete "title of court" under item 20.
Delete "title of certifying official" under item 22.
Delete "date signed" under item 23.
Delete "confidential information" under items 24 through 27b.

[Statutory Authority: [RCW 43.70.150](#). 91-23-026 (Order 211), § 246-491-149, filed 11/12/91, effective 12/13/91. Statutory Authority: [RCW 43.70.040](#). 91-02-049 (Order 121), recodified as § 246-491-149, filed 12/27/90, effective 1/31/91. Statutory Authority: [RCW 43.20A.620](#). 88-19-034 (Order 2696), § 248-124-160, filed 9/12/88.]

APPENDIX D

City/County Listing

A¹

Aberdeen
Aberdeen Junction
Acme
Acton
Adco
Addy
Adelaide
Adkinds
Adna
Adrian
Aeneas
Aero
Agate Bay
Agnew
Ahtanum
Airway Heights
Ainsworth Junction
Ajlune
Aladdin

GRAYS HARBOR
GRAYS HARBOR
WHATCOM
BENTON
GRANT
STEVENS
KING
WALLA WALLA
LEWIS
GRANT
OKANOGAN
CLALLAM
WHATCOM
CLALLAM
YAKIMA
SPOKANE
FRANKLIN
LEWIS
STEVENS

Alameda
Albion
Alder Grove
Alder
Alderdale
Alderton
Alderwood
Alderwood Manor
Alfalfa
Alger
Algona
Allard
Allen
Allentown
Allison
Allyn
Almira
Almota
Aloha
Alpha
Alpine
Alpowa
Alstown
Alto
Altoona
Amanda Park
Amber
Amboy

DOUGLAS
WHITMAN
GRAYS HARBOR
PIERCE
KLICKITAT
PIERCE
SNOHOMISH
SNOHOMISH
YAKIMA
SKAGIT
KING
BENTON
SKAGIT
KING
PIERCE
MASON
LINCOLN
WHITMAN
GRAYS HARBOR
LEWIS
KING
WHITMAN
DOUGLAS
COLUMBIA
WAHIAKUM
GRAYS HARBOR
SPOKANE
CLARK

¹ Includes cities, towns, and unincorporated places of any size to assist in determining the patient's county of residence. Some place names occur in more than one county; in such cases, ask the patient for her county of residence.

American Lake
 American River
 Ampere
 Anacortes
 Anatone
 Anderson Island
 Andron
 Angle Lake
 Anglin
 Ankeny
 Anson
 Anywyne
 Apple Center
 Appledale
 Appleyard
 Apricot
 Arch-A-Wat
 Arden
 Ardenvoir
 Argo
 Ariel
 Arizina
 Arletta
 Arlington
 Arthurdee
 Artic
 Artondale
 Ash
 Ashby
 Ashford
 Asotin
 Attalia
 Atwood
 Auburn
 Aukes
 Austin
 Avery
 Avon
 Ayer
 Ayers Junction
 Azwell

PIERCE
 YAKIMA
 CLARK
 SKAGIT
 ASOTIN
 PIERCE
 SNOHOMISH
 KING
 OKANOGAN
 ADAMS
 ADAMS
 OKANOGAN
 SPOKANE
 DOUGLAS
 CHELAN
 BENTON
 CLALLAM
 STEVENS
 CHELAN
 KING
 COWLITZ
 FERRY
 PIERCE
 SNOHOMISH
 SPOKANE
 GRAYS HARBOR
 PIERCE
 WALLA WALLA
 ADAMS
 PIERCE
 ASOTIN
 WALLA WALLA
 GRANT
 KING
 WALLA WALLA
 ISLAND
 KLINKITAT
 SKAGIT
 SKAGIT
 WALLA WALLA
 CHELAN

Bandera
 Bangor
 Bangor Sub Base
 Barberton
 Baring
 Barker
 Barneston
 Barry
 Barstow
 Basin City
 Bassett Junction
 Battleground
 Batum
 Bay City
 Bay View
 Bay Center
 Bayne
 Beach
 Bear Creek
 Beatrice
 Beaux Arts
 Beaver
 Beaver Valley
 Bedford
 Bee
 Beebe
 Belfair
 Bell
 Bell Creek
 Belleville
 Bellevue
 Bellingham
 Bellplain
 Belmont
 Belmore
 Bench
 Bend
 Benge
 Benton City
 Berkely
 Berne
 Berrian
 Berry Dale
 Berryman
 Bethel
 Beverly
 Beverly Junction
 Beverly Park
 Biarly
 Bickleton
 Big Lake
 Bigfour
 Biggain
 Bingen
 Birch Bay
 Birchfield
 Birdsvew
 Birmingham

KING
 KITSAP
 KITSAP
 CLARK
 KING
 OKANOGAN
 KING
 DOUGLAS
 KING
 FRANKLIN
 GRANT
 CLARK
 ADAMS
 GRAYS HARBOR
 SKAGIT
 PACIFIC
 KING
 WHATCOM
 CHELAN
 ADAMS
 KING
 CLALLAM
 JEFFERSON
 PACIFIC
 PIERCE
 DOUGLAS
 MASON
 SPOKANE
 WHATCOM
 SKAGIT
 KING
 WHATCOM
 PIERCE
 WHITMAN
 THURSTON
 YAKIMA
 GRANT
 ADAMS
 BENTON
 PIERCE
 CHELAN
 BENTON
 KING
 WALLA WALLA
 KITSAP
 GRANT
 KITTITAS
 SNOHOMISH
 STEVENS
 KLINKITAT
 SKAGIT
 SNOHOMISH
 BENTON
 KLINKITAT
 WHATCOM
 YAKIMA
 SKAGIT
 SNOHOMISH

B

Babb
 Babcock
 Bacon
 Badger
 Bagley Junction
 Bainbridge
 Bainbridge Island
 Baird
 Balder
 Baldi
 Baldour
 Ballard

SPOKANE
 WALLA WALLA
 GRANT
 BENTON
 KING
 KITSAP
 KITSAP
 DOUGLAS
 WHITMAN
 KING
 WHATCOM
 KING

Bishop
 Bissell
 Bitter Lake
 Black Carbon
 Black Diamond
 Black River
 Blackrock
 Blaine
 Blair
 Blakely Island
 Blanchard
 Blockhouse
 Blue Creek
 Blueslide
 Bluestem
 Blyn
 Blyton
 Boistfort
 Bolles
 Bolster
 Bong
 Bonlow
 Bonney Lake
 Boone
 Bordeaux
 Bossburg
 Boston Harbor
 Bothell
 Bothell
 Boundary
 Bow
 Boyds
 Boylston
 Brace
 Brady
 Breakers
 Bremerton
 Brewster
 Bridgeport
 Brief
 Brier
 Brinnon
 Briquetville
 Bristol
 Brookdale
 Brookfield
 Brooklyn
 Broomfield
 Brownstown
 Brownsville
 Bruce
 Brush Prairie
 Bryant
 Bryn Mawr
 Buckeye
 Buckley
 Bucoda
 Buena

WHITMAN
 STEVENS
 KING
 PIERCE
 KING
 KING
 YAKIMA
 WHATCOM
 WHATCOM
 SAN JUAN
 SKAGIT
 KLINKITAT
 STEVENS
 PEND OREILLE
 LINCOLN
 CLALLAM
 WHITMAN
 LEWIS
 WALLA WALLA
 OKANOGAN
 SPOKANE
 YAKIMA
 PIERCE
 YAKIMA
 THURSTON
 STEVENS
 THURSTON
 KING
 SNOHOMISH
 STEVENS
 SKAGIT
 FERRY
 KITTITAS
 YAKIMA
 YAKIMA
 GRAYS HARBOR
 PACIFIC
 KITSAP
 OKANOGAN
 DOUGLAS
 CHELAN
 SNOHOMISH
 JEFFERSON
 KING
 KITTITAS
 PIERCE
 WALLA WALLA
 PACIFIC
 PIERCE
 YAKIMA
 KITSAP
 ADAMS
 CLARK
 SNOHOMISH
 KING
 SPOKANE
 PIERCE
 THURSTON
 YAKIMA

Bunker
 Burbank
 Burien
 Burke
 Burley
 Burlington
 Burnett
 Buroker
 Burrows
 Burt
 Burton
 Busby
 Byron
 Bz Corner

C

Calispell
 Camano
 Camano Island
 Camas
 Camden
 Camp Murray
 Camp Sealh
 Camp Talbot
 Campton
 Canby
 Cape Horn
 Capp
 Carbonado
 Carders
 Carley
 Carlisle
 Carlmar
 Carlsborg
 Carlson
 Carlton
 Carnation
 Carrolls
 Carson
 Cascade
 Casey
 Cashmere
 Castle Rock
 Castleton
 Cathcart
 Cathlamet
 Catlin
 Cedar Creek
 Cedar Falls
 Cedar Valley
 Cedarville
 Cedonia
 Center
 Centerville
 Central
 Central Ferry

LEWIS
 WALLA WALLA
 KING
 GRANT
 KITSAP
 SKAGIT
 PIERCE
 WALLA WALLA
 GRAYS HARBOR
 PACIFIC
 KING
 WHITMAN
 YAKIMA
 KLINKITAT

PEND OREILLE
 ISLAND
 ISLAND
 CLARK
 PEND OREILLE
 PIERCE
 KING
 JEFFERSON
 KING
 LINCOLN
 SKAMANIA
 BENTON
 PIERCE
 SPOKANE
 BENTON
 GRAYS HARBOR
 ADAMS
 CLALLAM
 LEWIS
 OKANOGAN
 KING
 COWLITZ
 SKAMANIA
 KING
 WALLA WALLA
 CHELAN
 COWLITZ
 WHITMAN
 SNOHOMISH
 WAHIAKUM
 COWLITZ
 WHITMAN
 KING
 SNOHOMISH
 GRAYS HARBOR
 STEVENS
 JEFFERSON
 KLINKITAT
 YAKIMA
 GARFIELD

Denison
Des Moines
Desert Aire
Dewatto
Diamond
Diamond Lake
Dieringer
Disautel
Discovery Bay
Dishman
Dixie
Dockton
Dodge
Doe Bay
Dominion
Donald
Doty
Douglas
Downs
Drum
Dryad
Dryden
Du Pont
Duluth
Dungeness
Durham
Dusty
Duvall
Duwamish

SPOKANE
KING
GRANT
MASON
WHITMAN
PEND OREILLE
PIERCE
OKANOGAN
JEFFERSON
SPOKANE
WALLA WALLA
KING
GARFIELD
SAN JUAN
STEVENS
YAKIMA
LEWIS
DOUGLAS
LINCOLN
WALLA WALLA
LEWIS
CHELAN
PIERCE
CLARK
CLALLAM
KING
WHITMAN
KING
KING

Electron
Elgin
Elk
Elk
Elk Park
Ellensburg
Ellisforde
Ellisport
Ellsworth
Elma
Elmer City
Eltopia
Elwha
Endicott
Ennis Cr
Entiat
Enumclaw
Ephrata
Eschbach
Espanola
Esperance
Ethel
Eureka
Eurelid
Evans
Everett
Evergreen
Everson
Ewan

PIERCE
PIERCE
PEND OREILLE
SPOKANE
JEFFERSON
KITTITAS
OKANOGAN
KING
CLARK
GRAYS HARBOR
OKANOGAN
FRANKLIN
CLALLAM
WHITMAN
WALLA WALLA
CHELAN
KING
GRANT
YAKIMA
SPOKANE
SNOHOMISH
LEWIS
WALLA WALLA
WALLA WALLA
STEVENS
SNOHOMISH
JEFFERSON
WHATCOM
WHITMAN

E

Earl
Earlington
Earmstrong
East Farms
East Olympia
East Redmond
East Sound
East Spokane
East Stanwood
East Wenatchee
Eastgate
Easton
Eatonville
Echo
Edgecomb
Edgewood
Edison
Edmonds
Edwall
Eglon
Elbe
Elberton
Eldon
Eleanor
Electric City

LINCOLN
KING
WHITMAN
SPOKANE
THURSTON
KING
SAN JUAN
SPOKANE
SNOHOMISH
DOUGLAS
KING
KITTITAS
PIERCE
STEVENS
SNOHOMISH
PIERCE
SKAGIT
SNOHOMISH
LINCOLN
KITSAP
PIERCE
WHITMAN
MASON
LINCOLN
GRANT

F

Factoria
Fairbanks
Fairchild
Fairchild AFB
Fairfax
Fairfield
Fairhaven
Fairholm
Fairmont
Fairmount
Fall City
Farmer
Farmington
Farris
Federal Way
Felida
Ferndale
Fern Hill
Ferry
Fife
Finley
Fircrest
Fisher
Fishtrap

KING
WHITMAN
SPOKANE
SPOKANE
PIERCE
SPOKANE
WHATCOM
CLALLAM
SNOHOMISH
JEFFERSON
KING
DOUGLAS
WHITMAN
CHELAN
KING
CLARK
WHATCOM
PIERCE
FERRY
PIERCE
BENTON
PIERCE
CLARK
LINCOLN

Fletcher Bay
 Florence
 Fobes
 Ford
 Forest City
 Forest Park
 Forks
 Forks
 Fort Lewis
 Fort Steilacoom
 Fortson
 Foster
 Four Lakes
 Four Lakes
 Fox Island
 Foy
 Fragaria
 Frances
 Freeland
 Freeman
 Friday Harbor
 Fruitland
 Fruitvale
 Fuller
 Furport

KITSAP
 SNOHOMISH
 SNOHOMISH
 STEVENS
 KITSAP
 KING
 CLALLAM
 JEFFERSON
 PIERCE
 PIERCE
 SNOHOMISH
 KING
 KING
 SPOKANE
 PIERCE
 KING
 KITSAP
 PACIFIC
 ISLAND
 SPOKANE
 SAN JUAN
 STEVENS
 YAKIMA
 GRAYS HARBOR
 PEND OREILLE

Graham
 Grand Mound
 Grand Coulee
 Grandview
 Grandview
 Granger
 Granite Falls
 Grant Orchards
 Grapeview
 Grayland
 Grayland
 Grays River
 Greenacres
 Greenbank
 Green Mountain
 Greenwater
 Greenwater
 Gridale
 Gromore
 Grotto
 Guemes
 Guerrier
 Guler

PIERCE
 THURSTON
 GRANT
 CLALLAM
 YAKIMA
 YAKIMA
 SNOHOMISH
 GRANT
 MASON
 GRAYS HARBOR
 PACIFIC
 WAHKIAKUM
 SPOKANE
 ISLAND
 CLARK
 KING
 PIERCE
 GRAYS HARBOR
 YAKIMA
 KING
 ISLAND
 LEWIS
 KLINKITAT

G

Galena
 Galvin
 Garcia
 Gardiner
 Garfield
 Garland Min Sprgs
 Gate
 George
 Gerome
 Gertrude
 Gifford
 Gig Harbor
 Gilmer
 Glacier
 Glade
 Gleed
 Glendale
 Glenoma
 Glenwood
 Glenwood
 Gloyd
 Gold Bar
 Goldendale
 Goodnoe Hills
 Goose Prairie
 Gorst
 Gould City
 Govan

SPOKANE
 LEWIS
 KING
 JEFFERSON
 WHITMAN
 SNOHOMISH
 THURSTON
 GRANT
 STEVENS
 PIERCE
 STEVENS
 PIERCE
 KLINKITAT
 WHATCOM
 FRANKLIN
 YAKIMA
 ISLAND
 LEWIS
 KITSAP
 KLINKITAT
 GRANT
 SNOHOMISH
 KLINKITAT
 KLINKITAT
 YAKIMA
 KITSAP
 GARFIELD
 LINCOLN

H

Haas
 Hadley
 Hadlock
 Halford
 Haller Lake
 Hamilton
 Hanford
 Hansville
 Harbert
 Harper
 Harrah
 Harrington
 Harsha
 Hartford
 Hartline
 Hatton
 Havillah
 Hay
 Hays Park
 Hazel Dell
 Hazelwood
 Heart O' The Hills
 Heisson
 Hellgate
 High Point
 Hilda
 Hillyard
 Hobart
 Hockinson
 Holcomb

YAKIMA
 WALLA WALLA
 JEFFERSON
 KING
 KING
 SKAGIT
 BENTON
 KITSAP
 WALLA WALLA
 KITSAP
 YAKIMA
 LINCOLN
 WALLA WALLA
 SNOHOMISH
 GRANT
 ADAMS
 OKANOGAN
 WHITMAN
 SPOKANE
 CLARK
 KING
 CLALLAM
 CLARK
 FERRY
 KING
 LEWIS
 SPOKANE
 KING
 CLARK
 PACIFIC

Holden
Holly
Hollywood
Home
Home Valley
Hoodspout
Hooper
Hoquiam
Houghton
Hover
Humptulips
Hunters
Hunts Point
Huntsville
Husum
Hyak
Hyas

I

Illahee
Illia
Ilwaco
Impach
Inchelium
Independence
Index
Indianola
Ione
Irby
Irondale
Issaquah
Ivan
Iverson

J

Jared
Johnson
Jordan
Joyce
Juanita
Junction City
Juno

K

Kahlotus
Kalaloch
Kalama
Kamilche
Kapowsin
Kartar
Keith
Keller

CHELAN
KITSAP
KING
PIERCE
SKAMANIA
MASON
WHITMAN
GRAYS HARBOR
KING
BENTON
GRAYS HARBOR
STEVENS
KING
COLUMBIA
KLICKITAT
KITITAS
KITITAS

KITSAP
GARFIELD
PACIFIC
FERRY
FERRY
THURSTON
SNOHOMISH
KITSAP
PEND OREILLE
LINCOLN
JEFFERSON
KING
CLALLAM
CLALLAM

PEND OREILLE
WHITMAN
CLALLAM
CLALLAM
KING
GRAYS HARBOR
WHITMAN

FRANKLIN
JEFFERSON
COWLITZ
MASON
PIERCE
OKANOGAN
KING
FERRY

Kelso
Kendall
Kenmore
Kennewick
Kennydale
Kent
Ketron
Kettle Falls
Kewa
Key Center
Keyport
Keystone
Kingston
Kiona
Kipsan Beach
Kirkland
Kitsap
Kittitas
Klaber
Klaus
Klickitat
Klipsan Beach
Knappton
Koller
Kooskooskie
Kosmos
Krupp

L

La Center
Lacey
La Conner
La Fluer
La Grande
La Grosse
La Push
Lakebay
Lake City
Lake Forest Park
Lake Sammamish
Lakeside
Lake Stevens
Lakeview
Lakewood
Lakewood
Lakewood Center
Lamonoa
Lamont
Lancaster
Langley
Larchmont
Latah
Laurel
Laurier
Law

COWLITZ
WHATCOM
KING
BENTON
KING
KING
PIERCE
STEVENS
FERRY
PIERCE
KITSAP
ISLAND
KITSAP
BENTON
PACIFIC
KING
KITSAP
KITITAS
LEWIS
LEWIS
KLICKITAT
PACIFIC
PACIFIC
CLALLAM
WALLA WALLA
LEWIS
GRANT

CLARK
THURSTON
SKAGIT
OKANOGAN
PIERCE
WHITMAN
CLALLAM
PIERCE
KING
KING
KING
CHELAN
SNOHOMISH
PIERCE
PIERCE
SNOHOMISH
PIERCE
LINCOLN
WHITMAN
WHITMAN
ISLAND
PIERCE
SPOKANE
KLICKITAT
FERRY
GRAYS HARBOR

Lawrence
Leadpoint
Leahy
Leavenworth
Lebam
Leland
Lester
Lexington
Liberty
Liberty Lake
Lilliwaup
Lincoln
Lind
Lisabuela
Littlerock
Locke
Lofall
Long Beach
Longbranch
Longmire
Loomis
Loon Lake
Lopez
Lopez Creek
Lopez Island
Lowden
Lowell
Low Gap
Lucerne
Lummi
Lummi Island
Lyle
Lyman
Lynden
Lynnwood
Lynwood

PIERCE
STEVENS
DOUGLAS
CHELAN
PACIFIC
JEFFERSON
KING
COWLITZ
KITITAS
SPOKANE
MASON
LINCOLN
ADAMS
KING
THURSTON
PEND OREILLE
KITSAP
PACIFIC
PIERCE
PIERCE
OKANOGAN
STEVENS
SAN JUAN
PEND OREILLE
SAN JUAN
WALLA WALLA
SNOHOMISH
GRANT
CHELAN
WHATCOM
WHATCOM
KLICKITAT
SKAGIT
WHATCOM
SNOHOMISH
KITSAP

Manson
Maple Beach
Maple Falls
Maple Valley
Marble
Marblemount
Marcellus
Marcus
Marengo
Marietta
Markham
Marlin
Marlin
Marshall
Maryhill
Marys Corner
Marysville
Mason City
Matlock
Mats Mats
Mattawa
Maxwelton
May Creek
May View
Mayfield
Maytown
Maywood
Mazama
McChord
McChord AFB
McCleary
McGowan
McKenna
McMurray
McMillin
Mead
Meadowbrook
Meadowdale
Medical Lake
Medina
Megler
Melbourne
Menlo
Mercer Island
Meridian
Merritt
Mesa
Metaline
Metaline Falls
Methow
Meyers Falls
Mica
Midland
Midway
Milan
Miles
Mill Creek
Millwood

CHELAN
WHATCOM
WHATCOM
KING
STEVENS
SKAGIT
ADAMS
STEVENS
ADAMS
WHATCOM
GRAYS HARBOR
LINCOLN
GRANT
SPOKANE
KLICKITAT
LEWIS
SNOHOMISH
OKANOGAN
MASON
JEFFERSON
GRANT
ISLAND
KING
GARFIELD
LEWIS
THURSTON
KING
OKANOGAN
PIERCE
PIERCE
GRAYS HARBOR
PACIFIC
PIERCE
SKAGIT
PIERCE
SPOKANE
KING
SNOHOMISH
SPOKANE
KING
PACIFIC
GRAYS HARBOR
PACIFIC
KING
PIERCE
CHELAN
FRANKLIN
PEND OREILLE
PEND OREILLE
OKANOGAN
STEVENS
SPOKANE
PIERCE
KING
SPOKANE
STEVENS
SNOHOMISH
SPOKANE

M

Mabton
Macall
Machias
Madigan Hospital
Mae
Magnolia Beach
Maiden
Malaga
Malden
Malo
Malone
Malott
Maltby
Manchester
Manette
Manito
Mansfield

YAKIMA
ADAMS
SNOHOMISH
PIERCE
GRANT
KING
WHITMAN
CHELAN
WHITMAN
FERRY
GRAYS HARBOR
OKANOGAN
SNOHOMISH
KITSAP
KITSAP
SPOKANE
DOUGLAS

Milton
Mineral
Minnick
Mirror Lake
Moclips
Mohler
Mold
Molson
Monahans
Moncoal
Mondovi
Monitor
Monroe
Monse
Montborne
Monte
Monte Cristo
Montesano
Moore
Mora
Morton
Moses
Moses Lake
Mossyrock
Mottinger
Moulton
Mountain View
Mount Baker
Mount Hope
Mountlake Terrace
Mountlake Terrace
Mount Vernon
Mountview
Moxee City
Mukilteo
Murnen

N

Naches
Naco
Nagrom
Nahcotta
Nallpee
Napavine
Nappleton
Naselle
Nason Creek
National
Naval Base
Navy Yard City
Neah Bay
Neilton
Nelson
Nemah
Neppel

KING
LEWIS
WALLA WALLA
KING
GRAYS HARBOR
LINCOLN
DOUGLAS
OKANOGAN
FERRY
LEWIS
LINCOLN
CHELAN
SNOHOMISH
OKANOGAN
SKAGIT
YAKIMA
SNOHOMISH
GRAYS HARBOR
CHELAN
CLALLAM
LEWIS
WHITMAN
GRANT
LEWIS
BENTON
CLARK
ASOTIN
WHATCOM
SPOKANE
KING
SNOHOMISH
SKAGIT
SKAGIT
YAKIMA
SNOHOMISH
LEWIS

YAKIMA
KING
KING
PACIFIC
PACIFIC
LEWIS
KLICKITAT
PACIFIC
CHELAN
PIERCE
KITSAP
KITSAP
CLALLAM
GRAYS HARBOR
KITTITAS
PACIFIC
GRANT

Nespelem
Newcastle
Newhalem
Newman Lake
Newport
Newport Hills
Nighthawk
Ninemile
Nine Mile Falls
Nine Mile Falls
Nisqually
Noble
Nooksack
Nordland
Norma Beach
Norman
Normandy Park
North Bend
North Bonneville
North City
North Cove
Northdalles
North Fort Lewis
Northgate
Northport
Novara
Novelty

O

Oakbrook
Oakesdale
Oak Harbor
Oak Point
Oakville
Ocean City
Ocean Park
Ocean Shores
Oceanside
Ocosta
Odessa
Ohop
Okanogan
Olalla
Old Toroda
Olga
Olympia
Omak
Onalaska
Opportunity
Orcas
Orcas Island
Orchards
Orient
Orillia
Orin

OKANOGAN
KING
WHATCOM
SPOKANE
PEND OREILLE
KING
OKANOGAN
FERRY
SPOKANE
STEVENS
THURSTON
KING
WHATCOM
JEFFERSON
SNOHOMISH
SNOHOMISH
KING
KING
SKAMANIA
KING
PACIFIC
KLICKITAT
PIERCE
KING
STEVENS
ADAMS
KING

PIERCE
WHITMAN
ISLAND
COWLITZ
GRAYS HARBOR
GRAYS HARBOR
PACIFIC
GRAYS HARBOR
PACIFIC
GRAYS HARBOR
LINCOLN
PIERCE
OKANOGAN
KITSAP
OKANOGAN
SAN JUAN
THURSTON
OKANOGAN
LEWIS
SPOKANE
SAN JUAN
SAN JUAN
CLARK
FERRY
KING
STEVENS

Orondo
Oroville
Orting
Osborne
Oso
Ostranger
Othello
Otis Orchards
Outlook
Ovington
Oyhut
Oysterville
Ozette

DOUGLAS
OKANOGAN
PIERCE
GRANT
SNOHOMISH
COWLITZ
ADAMS
SPOKANE
YAKIMA
CLALLAM
GRAYS HARBOR
PACIFIC
CLALLAM

Port Angeles
Port Bakely
Porter
Port Gamble
Port Ludlow
Port Madison
Port Orchard
Port Stanley
Port Townsend
Possession
Potlatch
Poulsbo
Prescott
Preston
Prevost
Priest Rapids
Prindler
Proctor
Prosser
Pullman
Purdy
Puyallup
Pysht

CLALLAM
KITSAP
GRAYS HARBOR
KITSAP
JEFFERSON
KITSAP
KITSAP
SAN JUAN
JEFFERSON
ISLAND
MASON
KITSAP
WALLA WALLA
KING
SAN JUAN
YAKIMA
SKAMANIA
PIERCE
BENTON
WHITMAN
PIERCE
PIERCE
CLALLAM

P

Pacific
Pacific Beach
Packwood
Paddock
Page
Paha
Palisades
Palmer
Palouse
Paradise
Park
Parker
Parkland
Park Rapids
Parkwater
Parkway
Pasco
Pataha
Pateros
Paterson
Patterson
Peach
Pe Ell
Pearson
Penawawa
Perry
Peshastin
Piedmont
Pine City
Pinehurst
Pioneer
Pioneer Square
Plain
Plaza
Pleasant View
Plum
Plymouth
Point Roberts
Pomeroy
Pomona
Portage

KING
GRAYS HARBOR
LEWIS
WALLA WALLA
FRANKLIN
ADAMS
DOUGLAS
KING
PIERCE
PIERCE
WHATCOM
YAKIMA
PIERCE
STEVENS
SPOKANE
PIERCE
FRANKLIN
GARFIELD
OKANOGAN
BENTON
WALLA WALLA
LINCOLN
LEWIS
KITSAP
WHITMAN
WHITMAN
CHELAN
CLALLAM
WHITMAN
SNOHOMISH
CLARK
KING
CHELAN
SPOKANE
WALLA WALLA
LINCOLN
BENTON
WHATCOM
GARFIELD
YAKIMA
KING

Q

Queets
Quilcene
Quillayute
Quinault
Quincy

JEFFERSON
JEFFERSON
CLALLAM
GRAYS HARBOR
GRANT

R

Ragnar
Rainier
Ralston
Randle
Ravensdale
Raymond
Reardan
Reardan
Redmond
Redondo
Redondo Beach
Reflection Lake
Regal
Reno
Renton
Republic
Retsil
Revere
Rice
Richardson
Richland

KING
THURSTON
ADAMS
LEWIS
KING
PACIFIC
LINCOLN
SPOKANE
KING
KING
KING
SPOKANE
KITTITAS
WHITMAN
KING
FERRY
KITSAP
WHITMAN
STEVENS
SAN JUAN
BENTON

Richmond Beach
 Richmond Highlands
 Ridgefield
 Ridpath
 Riffe
 Rimrock
 Ringo
 Ringold
 Riparia
 Risbeck
 Ritzville
 Riverside
 Riverside
 Riverton
 Riverton Heights
 Robe
 Roche Harbor
 Rochester
 Rockford
 Rock Island
 Rock Lake
 Rocklyn
 Rockport
 Rockwell
 Rodna
 Roger
 Rogersburg
 Rolling Bay
 Rollingsbay
 Rollins
 Ronald
 Ronan
 Roosevelt
 Rosalia
 Rosalia
 Rosario
 Rosburg
 Rosedale
 Rose Hill
 Rosewood
 Roslyn
 Roxboro
 Roy
 Royal City
 Roza
 Ruby
 Ruff
 Ruffle
 Rulo
 Ruston
 Ryderwood

S

Sagemore
 Saint Andrews

KING
 KING
 CLARK
 WHITMAN
 LEWIS
 YAKIMA
 WHITMAN
 FRANKLIN
 WHITMAN
 WHITMAN
 ADAMS
 OKANOGAN
 SPOKANE
 KING
 KING
 SNOHOMISH
 SAN JUAN
 THURSTON
 SPOKANE
 DOUGLAS
 WHITMAN
 LINCOLN
 SKAGIT
 ADAMS
 SPOKANE
 SNOHOMISH
 ASOTIN
 KITSAP
 KITSAP
 SPOKANE
 KITTITAS
 COLUMBIA
 KLUCKITAT
 SPOKANE
 WHITMAN
 SAN JUAN
 WAHIAKUM
 PIERCE
 KING
 SPOKANE
 KITTITAS
 ADAMS
 PIERCE
 GRANT
 KITTITAS
 PEND OREILLE
 GRANT
 YAKIMA
 WALLA WALLA
 PIERCE
 COWLITZ

FRANKLIN
 DOUGLAS

Saint John
 Salkum
 Salmon La Sac
 Sam
 Samish
 San De Fuca
 Sappho
 Sara
 Satsop
 Satus
 Sauk
 Sawyer
 Scenic
 Schrag
 Scotia
 Seabeck
 Seabold
 Seahurst
 Seattle
 Seattle Heights
 Seaview
 Sedro Woolley
 Sekiu
 Selah
 Selleck
 Seltice
 Sequim
 Shadle Garland
 Sharon
 Shaw Island
 Shelton
 Shine
 Shoreline
 Silvana
 Silver Creek
 Silvercreek
 Silverdale
 Silverlake
 Silverton
 Skamania
 Skamokawa
 Skykomish
 Skyrna
 Skyway
 Sloane
 Smokey Point
 Smyrna
 Snake River
 Snohomish
 Snoqualmie
 Snoqualmie Pass
 Snoqualmie Pass
 Snowden
 Soap Lake
 Soda Springs
 South Aberdeen
 South Bend
 South Colby

WHITMAN
 LEWIS
 KITTITAS
 DOUGLAS
 SKAGIT
 ISLAND
 CLALLAM
 CLARK
 GRAYS HARBOR
 YAKIMA
 SKAGIT
 YAKIMA
 KING
 ADAMS
 PEND OREILLE
 KITSAP
 KITSAP
 KING
 KING
 KING
 PACIFIC
 SKAGIT
 CLALLAM
 YAKIMA
 KING
 WHITMAN
 CLALLAM
 SPOKANE
 SPOKANE
 SAN JUAN
 MASON
 JEFFERSON
 KING
 SNOHOMISH
 LEWIS
 LEWIS
 KITSAP
 COWLITZ
 SNOHOMISH
 SKAMANIA
 WAHIAKUM
 KING
 GRANT
 KING
 KING
 SNOHOMISH
 GRANT
 FRANKLIN
 SNOHOMISH
 KING
 KING
 KITTITAS
 KLUCKITAT
 GRANT
 YAKIMA
 GRAYS HARBOR
 PACIFIC
 KITSAP

South Cle Elum
 South Elma
 Southgate
 South Hill
 South Point
 South Prairie
 South Tacoma
 South Wenatchee
 Southworth
 Spanaway
 Spangle
 Spirit
 Spirit Lake
 Spokane
 Spokane Bridge
 Sprague
 Spring Beach
 Springdale
 Spring Valley
 Squaxin
 Squaxin Island
 Staircase
 Staley
 Stanwood
 Stanwood
 Starbuck
 Startup
 Stehekin
 Steilacoom
 Stella
 Steptoe
 Stevens
 Stevenson
 Stewart
 Stratford
 Stuck
 Sudbury
 Sultan
 Sumach
 Sumas
 Summit
 Sumner
 Sundale
 Sunlight Beach
 Sunnyside
 Sunrise
 Sunset
 Suquamish
 Sutico
 Swamp Creek
 Sylvan
 Synarep

T

Tacoma

KITTITAS
 GRAYS HARBOR
 THURSTON
 PIERCE
 JEFFERSON
 PIERCE
 PIERCE
 CHELAN
 KITSAP
 PIERCE
 SPOKANE
 STEVENS
 SKAMANIA
 SPOKANE
 SPOKANE
 LINCOLN
 KING
 STEVENS
 SPOKANE
 MASON
 MASON
 MASON
 WHITMAN
 SKAGIT
 SNOHOMISH
 COLUMBIA
 SNOHOMISH
 CHELAN
 PIERCE
 COWLITZ
 WHITMAN
 KING
 SKAMANIA
 YAKIMA
 GRANT
 KING
 WALLA WALLA
 SNOHOMISH
 YAKIMA
 WHATCOM
 PIERCE
 PIERCE
 KLINKITAT
 ISLAND
 YAKIMA
 PIERCE
 WHITMAN
 KITSAP
 PACIFIC
 SNOHOMISH
 PIERCE
 OKANOGAN

PIERCE

Tahlequah
 Taholah
 Tahuya
 Talmage
 Tampico
 Tanglewild
 Tatoosh
 Taylor
 Teanaway
 Tekoa
 Telford
 Telma
 Tenino
 Terrace Heights
 Thatcher
 Thornton
 Thornwood
 Thorp
 Tieton
 Tiger
 Tillicum
 Timentwa
 Tokeland
 Tokio
 Toledo
 Tolt
 Tonasket
 Tono
 Toppenish
 Toroda
 Totem Lake
 Touchet
 Toutle
 Tracyton
 Trentwood
 Trinidad
 Trout Lake
 Tukwila
 Tulalip
 Tumtum
 Tumwater
 Twisp
 Tyler

U

Umptanum
 Underwood
 Union Gap
 Union
 Union Mills
 Uniontown
 University Place
 Urban
 Usk
 Utsalady

KING
 GRAYS HARBOR
 MASON
 KITTITAS
 YAKIMA
 THURSTON
 CLALLAM
 KING
 KITTITAS
 WHITMAN
 LINCOLN
 CHELAN
 THURSTON
 YAKIMA
 SAN JUAN
 WHITMAN
 PIERCE
 KITTITAS
 YAKIMA
 PEND OREILLE
 PIERCE
 OKANOGAN
 PACIFIC
 ADAMS
 LEWIS
 KING
 OKANOGAN
 THURSTON
 YAKIMA
 FERRY
 KING
 WALLA WALLA
 COWLITZ
 KITSAP
 SPOKANE
 GRANT
 KLINKITAT
 KING
 SNOHOMISH
 STEVENS
 THURSTON
 OKANOGAN
 SPOKANE

KITTITAS
 SKAMANIA
 YAKIMA
 MASON
 THURSTON
 WHITMAN
 PIERCE
 SKAGIT
 PEND OREILLE
 ISLAND

V

Vader
Vail
Valley
Valleyford
Vance
Vancouver
Vantage
Van Zant
Vashon
Vashon Center
Vashon Heights
Vashon Island
Vaughn
Vega
Veradale
Verlot
Vernita
Victor
Virginia

LEWIS
THURSTON
STEVENS
SPOKANE
LEWIS
CLARK
KITTITAS
WHATCOM
KING
KING
KING
ISLAND
PIERCE
PIERCE
SPOKANE
SNOHOMISH
BENTON
MASON
KITSAP

West Sound
Wheeler
Whidbey Island
Whidbey Isl US Nvy
White Bluffs
White Center
White Pass
Whites
White Salmon
White Swan
Wickersham
Wilbur
Wilburton
Wiley City
Wilkeson
Willada
Willapa
Wilson Creek
Winchester
Winco
Winesap
Winlock
Winona
Winslow
Winthrop
Winton
Wishram
Wishram Heights
Withrow
Wollochet
Woodinville
Woodinville
Woodland
Woodland
Woodway
Wycoff
Wymer

SAN JUAN
GRANT
ISLAND
ISLAND
BENTON
KING
YAKIMA
GRAYS HARBOR
KLICKITAT
YAKIMA
WHATCOM
LINCOLN
KING
YAKIMA
PIERCE
WHITMAN
SKAMANIA
GRANT
GRANT
WHATCOM
CHELAN
LEWIS
WHITMAN
KITSAP
OKANOGAN
CHELAN
KLICKITAT
KLICKITAT
DOUGLAS
PIERCE
KING
SNOHOMISH
CLARK
COWLITZ
SNOHOMISH
KITSAP
KITTITAS

W

Wahkiacus
Wahlake
Waitsburg
Wakefield
Waldron
Walla Walla
Wallgren
Wallula
Waltsburg
Wapato
Warden
Warm Beach
Wash State Univ
Washougal
Washougal
Washtucna
Waterville
Wauconda
Waukon
Wauna
Waverly
Wawawai
Wellpinit
Wenatchee
Wenatchee Heights
West Clarkston
West Richland
West Seattle

KLICKITAT
GRANT
WALLA WALLA
OKANOGAN
SAN JUAN
WALLA WALLA
WHATCOM
WALLA WALLA
WALLA WALLA
YAKIMA
GRANT
SNOHOMISH
WHITMAN
CLARK
SKAMANIA
ADAMS
DOUGLAS
OKANOGAN
LINCOLN
PIERCE
SPOKANE
WHITMAN
STEVENS
CHELAN
CHELAN
ASOTIN
BENTON
KING

Y

Yacolt
Yakima
Yale
Yardley
Yarrow Point
Yelm
Yoman Dock

CLARK
YAKIMA
COWLITZ
SPOKANE
KING
THURSTON
KING

Z

Zenith
Zillah

KING
YAKIMA

APPENDIX E

State Abbreviations

STATE ABBREVIATIONS

Alabama	AL	Nebraska	NE
Alaska	AK	Nevada	NV
Arizona	AZ	New Hampshire	NH
Arkansas	AR	New Jersey	NJ
California	CA	New Mexico	NM
Colorado	CO	New York	NY
Connecticut	CT	North Carolina	NC
Delaware	DE	North Dakota	ND
District of Columbia	DC	Ohio	OH
Florida	FL	Oklahoma	OK
Georgia	GA	Oregon	OR
Hawaii	HI	Pennsylvania	PA
Idaho	ID	Rhode Island	RI
Illinois	IL	South Carolina	SC
Indiana	IN	South Dakota	SD
Iowa	IA	Tennessee	TN
Kansas	KS	Texas	TX
Kentucky	KY	Utah	UT
Louisiana	LA	Vermont	VT
Maine	ME	Virginia	VA
Maryland	MD	Washington	WA
Massachusetts	MA	West Virginia	WV
Michigan	MI	Wisconsin	WI
Minnesota	MN	Wyoming	WY
Mississippi	MS		
Missouri	MO	American Samoa	AS
Montana	MT	Fed STS of Micronesia	FM
		Guam	GU
		N Mariana Islands	NP
		Puerto Rico	PR
		Virgin Islands	VI

APPENDIX F

Where to Write for Vital Records Other States

ALABAMA	334-206-5418	Health Statistics	PO Box 5625	Montgomery AL 36103-5625
ALASKA	907-465-3391	Vital Statistics	PO Box 110675	Juneau AK 99811-0675
AMERICAN SAMOA	684-633-1222x214	Vital Statistics	Government of AM. Somoa	Pago Pago AS 96799
ARIZONA	602-255-3260	Vital Records	PO Box 3887	Phoenix AZ 85030
ARKANSAS	501-661-2336	Vital Records	4815 W Markham	Little Rock AR 72201-3867
CALIFORNIA	916-445-2684	Vital Statistics	PO Box 730241	Sacramento CA 94244-0241
COLORADO	303-756-4464	Vital Records	4300 Cherry Creek Dr S	Denver CO 80222-1530
CONNECTICUT	860-566-2334	Vital Records	150 Washington St	Hartford CT 06106
DELAWARE	302-739-4721	Vital Statistics	PO Box 637	Dover DE 19903
DIST OF COLUMBIA	202-645-5962	Vital Records	800-9th SW 1st Floor	Washington DC 20024
FLORIDA	904-359-6900	Vital Statistics	PO Box 210	Jacksonville FL 32231
GEORGIA	404-656-4900	Vital Records	47 Trinity Ave SW Rm 217-H	Atlanta GA 30334
GUAM	671-734-4589	Vital Statistics	PO Box 2816	Agana GUAM MI 96910
HAWAII	808-586-4533	Vital Statistics	PO Box 3378	Honolulu HI 96801
IDAHO	208-334-5988	Vital Statistics	PO Box 83720	Boise ID 83720-0036
ILLINOIS	217-782-6553	Vital Records	605 W Jefferson St	Springfield IL 62702-5097
INDIANA	317-233-7274	Vital Records	2 N Meridian St	Indianapolis IN 46204
IOWA	515-281-4944	Vital Records	321 E 12th St	Des Moines IA 50319-0075
KANSAS	913-296-1400	Vital Statistics	900 SW Jackson St Rm 151	Topeka KS 66612-2221
KENTUCKY	502-564-4212	Vital Statistics	275 E Main St	Frankfort KY 40621
LOUISIANA	504-568-5152	Vital Statistics	325 Loyola St	New Orleans LA 70112
MAINE	207-287-3184	Vital Statistics	DHS/State House Station 11	Augusta ME 04333-0011
MARYLAND	410-767-5988	Vital Records	PO Box 68760	Baltimore MD 21215-0020
MASSACHUSETTS	617-740-8600	Vital Records	470 Atlantic Ave 2nd Floor	Boston MA 02110-2224
MICHIGAN	517-335-8656	Health Statistics	3423 N Logan St	Lansing MI 48909
MINNESOTA	612-623-5121	Vital Statistics	PO Box 9441	Minneapolis MN 55440
MISSISSIPPI	601-960-7981	Vital Records	2423 N State St	Jackson MS 39216
MISSOURI	573-751-6400	Vital Records	PO Box 570	Jefferson City MO 65102-0570
MONTANA	406-444-4228	Vital Statistics	PO Box 4210	Helena MT 59604
NEBRASKA	402-471-2871	Vital Statistics	PO Box 95065	Lincoln NE 68509-5065
NEVADA	702-687-4480	Vital Statistics	505 E King St #102	Carson City NV 89710
NEW HAMPSHIRE	603-271-4654	Vital Records	6 Hazen Dr	Concord NH 03301
NEW JERSEY	609-292-4087	Vital Statistics	S Warren & Market St <u>CN370</u>	Trenton NJ 08625
NEW MEXICO	505-827-2338	Vital Statistics	PO Box 26110	Santa Fe NM 87502
NEW YORK STATE	518-474-3075	Vital Records	Empire State Plaza, Tower Bldg	Albany NY 12237-0023
NEW YORK CITY	212-788-4520	Vital Records	125 Worth St Box 4	New York City NY 10013
NORTH CAROLINA	919-733-3526	Vital Records	PO Box 29537	Raleigh NC 27626-0537
NORTH DAKOTA	701-328-2360	Vital Records	600 E Boulevard Ave	Bismark ND 58505-0200
N MARIANA ISL	670-234-6401x15	Vital Records	PO Box 307	Saipan MP 96950
OHIO	614-466-2531	Vital Statistics	PO Box 15098	Columbus OH 43215-0098
OKLAHOMA	405-271-4040	Vital Records	PO Box 53551	Oklahoma City OK 73152
OREGON	503-731-4095	Vital Statistics	PO Box 14050	Portland OR 97214-0050
PENNSYLVANIA	412-656-3100	Vital Records	PO Box 1528	New Castle PA 16103
PUERTO RICO	787-728-7980	Demographie Registry	PO Box 11854	San Juan PR 00910
RHODE ISLAND	401-222-2812	Vital Records	3 Capitol Hill Rm 101	Providence RI 02908-5097
SOUTH CAROLINA	803-734-4830	Health Statistics	2600 Bull St	Columbia SC 29201
SOUTH DAKOTA	605-773-3355	Vital Records	445 E Capitol	Pierre SD 57501-3185
TENNESSEE	615-741-1763	Vital Records	421 5th Ave N	Nashville TN 37247-0450
TEXAS	512-458-7111	Vital Statistics	PO Box 12040	Austin TX 78711-2040
UTAH	801-538-6105	Vital Records	PO Box 142855	Salt Lake City UT 84114-2855
VERMONT	802-863-7275	Vital Records	BOX 70	Burlington VT 05402
VIRGINIA	804-225-5000	Vital Records	PO Box 1000	Richmond VA 23218-1000
VIRGIN ISLANDS	809-774-9000	Vital Statistics	Knud Hanson Complex, <u>Hospital Ground</u>	St Thomas VI 00802
WASHINGTON	360-753-5936	Health Statistics	PO Box 9709	Olympia WA 98507-9709
WEST VIRGINIA	304-558-2931	Vital Registration	State Capitol Complex Bldg 3	Charleston WV 25305
WISCONSIN	608-266-1371	Vital Records	PO Box 309	Madison WI 53701
WYOMING	307-777-7591	Vital Records	Hathaway Bldg	Cheyene WY 82002
<u>US FOREIGN BORN</u> <u>CHILDREN</u>	202-955-0308	US State Department	1111 19th St NW Ste 510	Washington DC 20522-1705

APPENDIX G

Occupation and Industry Listing

OCCUPATION AND INDUSTRY LISTING

OCCUPATIONError! Bookmark not defined.

The following list consists of examples of occupations for which care must be taken. Included in this listing are examples of entries considered inadequate as well as the correct or adequate entries. Note that the examples listed as adequate entries do not include all acceptable occupation titles.

Inadequate

Adequate

Accounting work

Accountant
Bookkeeper
Accounting machine operator
Tax auditor
Accounts payable clerk

Adjuster

Brake adjuster
Machine adjuster
Merchandise complaint adjuster
Insurance adjuster

Agent

Freight agent
Insurance agent
Sales agent
Advertising agent
Purchasing agent

Analyst

Cement analyst
Food analyst
Budget analyst
Computer systems analyst
Procedure analyst
Air analyst

Broker

Stock broker
Insurance broker
Real estate broker
Livestock broker

Inadequate**Adequate**

Caretaker or custodian

Janitor

Guard
Building superintendent
Gardener
Groundskeeper
Sexton
Property clerk
Locker attendant

Claims adjuster

Unemployment benefits claims taker
Auto insurance adjuster
Right-of-way claims agent
Merchandise complaint adjuster

Clerk

Stock clerk
Shipping clerk
Sales clerk or salesperson (person
who sold goods in a store)

Consultant

Financial consultant
Legal consultant
Tax consultant

Contractor

Construction contractor (specify
working or administrative type duties)
Managerial contractor
Painting contractor
(specify administrative,
managerial, or working)

Counselor

Educational counselor
Personnel counselor
Rehabilitation counselor
Guidance counselor
Marriage counselor

Data Processing

Computer programmer
Data typist
Keypunch operator
Computer operator
Coding clerk
Card type converter operator

Inadequate

Doctor

Engineer

Entertainer

Equipment operator

Factory worker

Farmworker

Adequate

Physician
Dentist
Veterinarian
Osteopath
Chiropractor

Civil engineer
Locomotive engineer
Mechanical engineer
Aeronautical engineer
Electrical engineer
Construction engineer

Singer
Dancer
Acrobat
Musician

Road grader operator
Bulldozer operator
Trencher operator

Electric motor assembler
Forge heater
Turret lathe operator
Weaver
Loom fixer
Knitter stitcher
Punch-press operator
Spray painter
Riveter

Farmer or sharecropper (person responsible for operation of farm)
Farmhand (person who did general farmwork for wages; may be a family member)
Farm helper (household relative who worked on family farm without pay)
Farm manager (person who was hired to manage a farm for someone else)

Inadequate

Farmworker

Fireman

Foreman (craft or activity involved
should be specified)

Heavy equipment operator (type of
equipment should be specified)

Helper

Investigator

Laborer

Adequate

Farm service worker (worker who
went from farm to farm to harvest,
reap, or do similar operations on
contract basis usually using own
equipment)

Farm supervisor (person hired to
supervise a group of farmhands)

Fruit picker (person hired to do a
particular job)

Migratory farmhand (person who
moved from place to place to assist in
planting and harvesting of crops)

Locomotive fireman

City fireman (city fire department)

Kiln fireman

Stationary fireman

Fire boss

Carpenter foreman

Truck driver foreman

Ranch foreman

Clam-shovel operator

Derrick operator

Monorail crane operator

Dragline operator

Euclid operator

Baker's helper

Carpenter's helper

Janitor's helper

Insurance claim investigator

Income tax investigator

Financial examiner

Detective

Social welfare investigator

Sweeper

Cleaning person

Baggage porter

Janitor
Stevedore

Inadequate

Laborer

Layout Worker

Maintenance worker

Mechanic

Nurse

Office clerk
Office work
Office worker

Program specialist

Adequate

Window washer
Car cleaner
Section head
Handtruck laborer

Pattern maker
Sheet-metal worker
Compositor
Commercial artist
Structural steelworker
Draftsperson
Coppersmith

Groundskeeper
Janitor
Carpenter
Electrician

Auto engine mechanic
Auto transmission mechanic
Airplane mechanic
Elevator mechanic
Office machine mechanic
Auto brake mechanic

Registered nurse
Nurse-midwife
Practical nurse
Nurse's aide
Student nurse
Nurse practitioner

Typist
Secretary
Receptionist
Comptometer operator
File clerk
Bookkeeper
Physician's assistant

Program scheduler

Data processing systems supervisor
Metal-flow coordinator

Inadequate

Programmer

Ranch worker (see Farmworker)

Research (field of research should
specified;"associate" or assistant
should be included if part of title)

Sales worker

Scientist

Shipping department

Supervisor

Adequate

Computer programmer
Electronic data programmer
Radio or TV program director
Production planner

Rancher
Ranch hand

Research physicist
Research chemist
Research mathematician
Research biologist
Research associate chemist
Assistant research physicist
Research associate geologist

Advertising sales
Insurance sales
Bond sales
Canvasser
Driver-sales (route selling)
Fruit peddler
Newspaper sales

Political scientist
Physicist
Sociologist
Home economist
Oceanographer
Soil scientist

Shipping and receiving clerk
Crater
Order picker
Typist
Parcel wrapper

Typing supervisor
Chief bookkeeper

Shop steward
Kitchen supervisor
Head buyer

Inadequate

Supervisor

Systems analyst

Teacher (occupation for a teacher should be reported at the level taught; subject should be included for those who taught above the elementary level)

Technician

Tester

Trucker

Works in stock room, office, etc.
(names of departments or place of work are unsatisfactory)

Adequate

Cutting and sewing supervisor
Sales director
Route supervisor

Computer systems analyst
Contract coordinator-manufacturing
Production planner

Preschool teacher
Kindergarten teacher
Elementary school teacher
High school English teacher
College professor (mathematics)

Medical laboratory technician
Dental laboratory technician
X-ray technician
Chemical laboratory technician
Industrial test laboratory technician

Cement tester
Instrument tester
Engine tester
Battery tester

Truck driver
Trucking contractor
Electric trucker
Hank trucker

Shipping clerk
Filing clerk
Truck loader

INDUSTRY

The following are examples of industries that require special caution in reporting.

NOTE: The listing of adequate titles does not include all acceptable titles.

Inadequate

Agency

Aircraft components
Aircraft parts

Auto or automobile components
Auto or automobile parts

Bakery

Box factory

City or city government

Adequate

Collection agency
Advertising agency
Real estate agency
Employment agency
Travel agency
Insurance agency

Airplane engine parts factory
Propeller manufacturing
Electronic instruments factory
Wholesale aircraft parts

Auto clutch manufacturing
Wholesale auto accessories
Auto tire manufacturing
Retail sales and installation of
mufflers
Battery factory

Bakery plant (makes and sells to
wholesalers, retail stores, restaurants)
Wholesale bakery (buys from
manufacturer and sells to grocers
restaurants, etc.)
Retail bakery (sells only on premises
to private individuals)

Paper box factory
Wooden box factory
Metal box factory

City street repair department
City board of health
City board of education

Club, private

Golf club
Fraternal club
Nightclub
Residence club

Inadequate

Adequate

Coal company

Coal mine
Retail coal yard
Wholesale coal

County or county government

County recreation department
County board of education

Credit company

Credit rating bureau
Loan company
Credit clothing company

Dairy

Dairy farm
Dairy depot
Dairy bar
Wholesale dairy products
Retail dairy products
Dairy products manufacturing

Discount house
Discount store

Retail drug store
Retail electrical appliances
Retail general merchandise
Retail clothing store

Electrical parts manufacturing

Electronic tube factory
Memory core manufacturing
Transistor factory
Tape reader manufacturing

Engineering company

Civil engineering consultants
General contracting
Wholesale hearing equipment
Construction machinery factory

Express company

Motor freight
Railway express agency
Railroad car rental (for Union Tank
Car Co., etc.)

	Armored car service
Factory, mill, or plant	Steel rolling mill Hardware factory Aircraft factory Flour mill
<u>Inadequate</u>	<u>Adequate</u>
Factory, mill, or plant	Hosiery mill Commercial printing plant Cotton cloth mill
Foundry	Iron foundry Brass foundry Aluminum foundry
Freight company	Motor freight Air freight Railway freight Water transportation
Fur company	Fur dressing plant Fur garment factory Retail fur store Wholesale fur Fur repair shop
Laundry	Own home laundry (for a person who laundered for pay in own home) Laundering for private family (for person who worked in the home of a private family) Commercial laundry (for person who worked in a steam laundry, hand laundry, or similar establishment)
Lumber company	Sawmill Retail lumberyard Planing mill Logging camp Wholesale lumber

Maintenance

Machine repair maintenance
Janitorial
Building repair (carpenter, etc.)

Inadequate

Adequate

Manufacturer's agent (product sold should be specified)

Jewelry manufacturer's representative
Lumber manufacturer's agent
Electric appliance manufacturer's representative
Chemical manufacturer's agent

Medical

Hospital or Laboratory
Clinic
Doctor's Office

Mine

Coal Mine
Gold mine
Bauxite mine
Iron mine
Copper mine
Lead mine
Marble quarry
Sand and gravel pit

Nylon factory

Nylon chemical factory (where chemicals are made into fibers)
Nylon textile mill (where fibers are made into yarn or woven into cloth)
Women's nylon hosiery factory (where yarn is made into hosiery)

Office

Dentist's office
Physician's office
Public stenographer's office

Oil industry

Oil field drilling
Petroleum refinery
Retail gasoline station
Petroleum pipeline

	Wholesale oil distributor Retail fuel oil
Packing house	Meat packing plant Fruit canner Fruit packing shed (wholesale packers and shippers)
<u>Inadequate</u> <u>defined.</u>	<u>Adequate</u> Error! Bookmark not
Pipeline	Natural gas pipeline Gasoline pipeline Petroleum pipeline Pipeline construction
Plastics factory	Plastic material factory (where plastic materials are made)
Public utility (all services should be specified, such as gas and electric utility, or electric and water utility)	Electric light and power utility Gas utility Telephone Water supply utility
Railroad car shop	Railroad car factory Diesel railroad repair shop Locomotive manufacturing plant
Repair shop	Shoe repair shop Television repair shop Radio repair shop Blacksmith shop Welding shop Auto repair shop Machine repair shop
Research	Permanent-press dresses (product of company for which research was done) Brandeis University (name of university where research was done for its own use)

	St. Elizabeth's Hospital (name of hospital at which medical research was done for its own use)
	Commercial research (if research is the main service of the company)
	Brookings institution (name of the nonprofit organization)
School (public and private schools, including parochial, must be distinguished, and the highest level of instruction should be identified, such as junior college or senior high school)	City elementary school Private kindergarten Private college State university

Inadequate

Tailor shop

Terminal

Textile mill

Transportation company

Adequate

Dry cleaning shop (provides valet service)

Custom tailor shop (makes clothes to customer's order)

Men's rental clothing store

Bus terminal

Railroad terminal

Boat terminal

Airport terminal

Cotton cloth mill

Woolen cloth mill

Cotton yarn mill

Nylon thread mill

Motor trucking

Moving and storage

Water transportation

Air transportation

Airline

Bus Company

Taxicab service

Subway

Elevated railway

Railroad

Petroleum pipeline

Car loading service

Water company

Water supply
Irrigation systems
Water filtration plant

Well

Oil field drilling
Oil well drilling
Salt well drilling
Water well drilling

APPENDIX H

Possible Solutions to Common Problems in Death Certification

Possible Solutions to Common Problems in Death Certification

National Center for Health Statistics, January 1997
Centers for Disease Control and Prevention
U.S. Department of Health and Human Services

INTRODUCTION: A death certificate is a permanent record on an individual's death. One purpose of the death certificate is to obtain a simple description of the sequence or process leading to death rather than a record describing all medical conditions present at death.

Causes of death on the death certificate represent a medical opinion that might vary among individual physicians. In signing the death certificate, the physician, medical examiner, or coroner certifies that, in his/her medical opinion, the individual died from the reported causes of death. The certifier's opinion and confidence in that opinion are based on his/her training, knowledge of medicine, available medical history, symptoms, diagnostic tests, and available autopsy results for the decedent. Even if extensive information is available to the certifier, causes of death may be difficult to determine, so the certifier may indicate uncertainty by qualifying the causes on the death certificate.

Cause-of-death data is important for surveillance, research, design of public health and medical interventions, and funding decisions for research and development. While the death certificate is a legal document used for legal, family, and insurance purposes, it may not be the only record used, because, in some cases, the death certificate may only be admissible as proof of death. The following provides suggestions, largely from Hanzlick (1994), for handling situations where cause-of-death is difficult to certify.

UNCERTAINTY: Often several acceptable ways of writing a cause-of-death statement exist. Optimally, a certifier will be able to provide a simple description of the process leading to death that is etiologically clear and to be confident that this is the correct sequence of causes. However, realistically, description of the process is sometimes difficult because the certifier is not certain.

In this case, the certifier should think through the causes about which he/she is confident and what possible etiologies could have resulted in these conditions. The certifier should

select the causes that are suspected to have been involved and use words such as “probable” or “presumed” to indicate that the description provided is not completely certain. If the initiating condition reported on the death certificate could have arisen from a pre-existing condition but the certifier cannot determine the etiology, he/she should state that the etiology is unknown, undetermined, or unspecified, so it is clear that the certifier did not have enough information to provide even a qualified etiology.

THE ELDERLY: When preparing a cause-of-death statement for an elderly decedent, the causes should present a clear and distinct etiological sequence, if possible. Causes of death on the death certificate should not include terms such as senescence, old age, infirmity, and advanced age because they have little value for public health or medical research. Age is recorded elsewhere on the death certificate. When malnutrition is involved, the certifier should consider if other medical conditions could have led to malnutrition.

When a number of conditions or multiple organ/system failure resulted in death, the physician, medical examiner, or coroner should choose a single sequence to describe the process leading to death and list the other conditions in Part II of the certification section. “Multiple system failure” could be included as an “other significant condition” but also specify the systems involved. In other instances, conditions listed in Part II of the death certificate may include causes that resulted from the underlying cause but did not fit into the sequence resulting in death.

If the certifier cannot determine a descriptive sequence of causes of death despite carefully considering all information available and circumstances of death did not warrant investigation by the medical examiner or coroner, death may be reported as “unspecified natural causes.” If any potentially lethal medical conditions are known but cannot be cited as part of the sequence leading to death, they should be listed as other significant conditions.

INFANT DEATHS: Maternal conditions may have initiated or affected the sequence that resulted in an infant death. These maternal conditions should be reported in the cause-of-death statement in addition to the infant causes.

When Sudden infant death syndrome (SIDS) is suspected, a complete investigation should be conducted, typically by a medical examiner. If the infant is under 1 year of age, no cause-of-death is determined after scene investigation, clinical history is reviewed, and a complete autopsy is performed, then the death can be reported as (SIDS). If the investigation is not complete, the death may be reported as presumed to be (SIDS).

AVOID AMBIGUITY: Most certifiers will find themselves, at some point, in the circumstance in which they are unable to provide a simple description of the process of death. In this situation, the certifier should try to provide a clear sequence, qualify the causes about which he/she is uncertain, and be able to explain the certification chosen.

When processes such as the following are reported, additional information about the etiology should be reported if possible:

CARDIOVASCULAR

- Acute myocardial infarction
- Arrhythmia
- Atrial fibrillation
- Cardiac arrest
- Cardiac dysrhythmia
- Congestive heart failure
- Cardiomyopathy
- Dysrhythmia
- Heart failure
- Hypotension
- Myocardial infarction
- Shock
- Ventricular fibrillation
- Ventricular tachycardia

CENTRAL NERVOUS SYSTEM

- Altered mental status
- Anoxic encephalopathy
- Brain injury
- Brain stem herniation
- Cerebrovascular accident
- Cerebellar tonsillar herniation
- Cerebral edema
- Dementia (when not otherwise specified)
- Epidural hematoma
- Increased intracranial pressure
- Intracranial hemorrhage
- Metabolic encephalopathy
- Open (or closed) head injury
- Seizures
- Subdural hematoma
- Subarachnoid hemorrhage
- Uncal herniation

RESPIRATORY

- Aspiration
- Pleural effusions
- Pneumonia
- Pulmonary embolism
- Pulmonary insufficiency
- Pulmonary edema

GASTROINTESTINAL

- Biliary obstruction
- Bowel obstruction
- Cirrhosis
- Diarrhea
- End-stage liver disease
- Gastrointestinal hemorrhage
- Hepatic failure
- Hepatorenal syndrome
- Perforated gallbladder

BLOOD, RENAL, IMMUNE

- Coagulopathy
- Disseminated intravascular coagulopathy
- End-stage renal disease
- Hepatorenal syndrome
- Immunosuppression
- Pancytopenia
- Renal failure
- Thrombocytopenia
- Urinary tract infection

NOT SYSTEM-ORIENTED

- Abdominal hemorrhage
- Ascites
- Anoxia
- Bacteremia
- Bedridden
- Carcinogenesis
- Carcinomatosis
- Chronic bedridden state
- Decubiti
- Dehydration
- Exsanguination
- Failure to thrive
- Gangrene
- Hemothorax
- Hyperglycemia
- Hyperkalemia
- Hyponatremia
- Multi-organ failure
- Necrotizing soft-tissue infection
- Peritonitis
- Sepsis
- Septic shock
- Shock
- Volume depletion

(Hanzlick pp. 106-7)

If the certifier is unable to determine the etiology of a process such as those shown above, the process must be qualified as being of an unknown, undetermined, probable, presumed, or unspecified etiology so it is clear that a distinct etiology was not inadvertently or carelessly omitted.

The following conditions and types of death might seem to be specific, but when the medical history is examined further may be found to be complications of an injury or poisoning (possibly occurring long ago):

- Subdural hematoma
- Epidural hematoma
- Subarachnoid hemorrhage
- Fracture
- Pulmonary emboli
- Thermal burns/chemical burns
- Sepsis
- Hyperthermia
- Hypothermia
- Hip fracture
- Seizure disorder
- Drug or alcohol overdose/drug or alcohol abuse

(**Hanzlick**, p. 68)

Is it possible that the underlying cause-of-death was the result of an injury or poisoning? If it might be, check with the medical examiner/coroner to find out if the death should be reported to him/her.

When indicating neoplasms as a cause-of-death indicate the following: 1) primary site or that the primary site is unknown, 2) benign or malignant, 3) cell type or that the cell type is unknown, 4) grade of a neoplasm, and 5) part or lobe of an organ affected. For example, a well-differentiated squamous cell carcinoma, lung, left upper lobe (Hanzlick p. 58).

MEDICAL/EXAMINER/CORONER: The medical examiner/coroner investigates deaths that are unexpected, unexplained, or if an injury or poisoning was involved. State laws often provide guidelines for when a medical examiner/coroner must be notified. In the case of deaths known or suspected to have resulted from injury or poisoning, report the death to the medical examiner/coroner as required by State law. The medical examiner/coroner will either complete the cause-of-death section of the death certificate or waive that responsibility. If the medical examiner/coroner does not accept the case, then the certifier will need to complete the cause-of-death section.

REFERENCES AND SOURCES:

Hanzlick, R. ed. 1994. The Medical Cause-of-death Manual. Northfield, IL: College of American Pathologists.

National Center for Health Statistics. 1987. Physicians' Handbook on Medical Certification of Death. Hyattsville, MD: Public Health Service.

National Center for Health Statistics. 1989. Report of the Workshop on Improving Cause-of-Death Statistics. Hyattsville, MD: Public Health Service.

National Center for Health Statistics. 1991. Report of the Second Workshop on Improving Cause-of-Death Statistics. Hyattsville, MD: Public Health Service.

National Center for Health Statistics. 1996. Technical Appendix. Vital Statistics of the United States, 1992, vol II, mortality, part A. Washington: Public Health Service.

ALERT – More cause-of-death information needed on death certificates for use with ICD-10

Natural Causes

Cardiac Arrest

- Cardiac arrest is considered a mode of dying and should not be reported as the only cause
- Include additional information about the etiology of the arrest

Cirrhosis of the Liver

- Specify the etiology of the cirrhosis (e.g. hepatitis (specify type), alcoholism, malignancy, etc.)

Dementia

- **Specify the type or etiology of the dementia (e.g. Alzheimer's, multi-infarct, alcoholic, etc.)**

Failure of an Organ or System (e.g. congestive heart failure, liver failure) or Septicemia

- Include additional information about the etiology of the failure or septicemia

Hemorrhage of Any Site

- Include additional information about the etiology of the hemorrhage
- If the hemorrhage was caused by an external event, fill in boxes 54-60

Leukemia

- Specify the type of Leukemia (e.g., lymphoid, myeloid, acute or chronic)

Malnutrition

- Include additional information about the etiology of the malnutrition
- Include information that makes it clear whether the malnutrition was due to a disease process or an intent not to eat

Multiple Organ Failure

- Choose a single sequence to describe the process leading to death
- List the other conditions in Box 51
- Specify which systems are involved

Natural Causes

- If a descriptive sequence of causes of death cannot be determined despite careful consideration of all information available and circumstances of death, you may report "unspecified natural causes"
- If any potentially lethal medical conditions are known but cannot be cited as part of the sequence leading to death, they should be listed in Box 51

Neoplasms

- Specify which neoplasms are primary site(s) and which are secondary site(s)
- If the primary site is unknown, state “unknown primary”
- Specify whether or not tumors or neoplasms are malignant
- Specify the histologic type, if known
- When using terms such as metastatic or metastases, add the word “to” or “from”

- Be specific about the site, part, or lobe of an organ affected

Old Age, Senility

- Include a clear and distinct etiological sequence for cause-of-death
- Since age is reported on the certificate, terms like senescence, infirmity, and old age do not represent etiology

Why is Cause-of-Death Information Important?

Cause-of-death data is important for public health surveillance, medical research, design of interventions, and funding decisions for research and development. Information from the death certificate is used by state and local health jurisdictions, university researchers, non-profit organizations, private foundations, other state agencies, and the federal government for health assessment, disease and injury prevention, health promotion, population estimates and child death review activities. The death certificate system provides the basis for case control studies and other epidemiological work that is essential to improving public health.

ALERT – More cause-of-death information needed for use with ICD-10

Injuries and Poisonings

Information for Boxes 50-51

Adverse Reaction to Prescribed Medication

- Specify what condition necessitated the treatment

Inhalation, Asphyxia, Aspiration

- If the aspiration was due to a disease or condition, specify the condition. If not, fill in box #54-60
- Specify if aspiration involved food, foreign body, mucus, or blood
- *If mucus was involved, specify if the mucus entered into bronchioles, bronchus, larynx, lung, nasal sinus, nostril, pharynx, respiratory tract, throat, or trachea*

Information for Box 57

Aircraft Accident

- Specify the type of aircraft (helicopter, ultralight, private fixed-wing, commercial fixed-wing, spacecraft, balloon, hang-glider, etc.)

Drowning

- If a boat was involved, specify the type of boat (merchant ship, passenger ship, fishing boat, sailboat, canoe, kayak, inflatable craft, water-skis, etc.)
- Specify if the drowning occurred while in a bath-tub or swimming-pool or following a fall into a bath-tub or swimming pool, or occurred while in natural water

Fall

- State how the fall occurred
- Specify if the fall involved a bed or other furniture, stairs, ladder, wheelchair, ice, snow, ice-skates, roller-skates, skateboards, playground equipment, etc.
- Specify if the fall occurred while being carried or supported by other person(s)
- If none of the above apply, specify if the fall occur on the same level or involved a trip (or slip) and fall

Fire

- Specify the origin of the fire (stove, blowlamp, candle, match, torch, fireplace, etc.)
- If the fire was caused by an explosion, specify the agent (aerosol, gasoline, bomb, etc.)
- Specify whether the fire was located in a private dwelling, other building or structure, or other location (e.g., stationary vehicle, forest, etc.)
- If the fire ignited another object or material, specify (e.g., explosive material (specific type), clothing, etc.)

Gun-related Deaths

- **Specify the type of weapon (rifle, shotgun, handgun, etc.)**

Neglect or Abandonment or Maltreatment

- Specify if the maltreatment was by a spouse or partner, parent, acquaintance, official authorities, etc.)

Poisoning or Drug Overdose

- Specify the type or name of the drug(s) or medication(s) or other substance(s). If unknown, state “unknown drugs”

Surgeries and Procedures

- *Specify what condition necessitated the treatment*

Traffic Accident

- Specify the status of the decedent (driver, passenger, occupant, pedestrian, bicyclist, or person outside of the vehicle (e.g., hanging on outside or on roof))
- Specify the type of vehicle (automobile, motorcycle, 3-wheeled motor vehicle for on-road use, van, pick-up truck, heavy transport vehicle, bus, all-terrain vehicle designed for off-road use, bicycle, train, streetcar, animal, etc.)
- Specify the location at the time of the accident (on highway, off highway, driveway, stationary, railway yard, railroad track, etc.)
- Specify if a collision occurred
- If a collision occurred, specify the object(s) or type(s) of vehicle involved

Completing a Cause-of-Death Statement: Basic Concepts

Coroner/Medical Examiner Referrals

- Deaths known or suspected of having been caused by injury or poisoning should be reported to the medical examiner or coroner, and you will complete the death certificate if the medical examiner or coroner doesn't accept the case.

General

- Cause-of-death information should be your best medical opinion.
- List only one condition per line on boxes 50A-D.
- Avoid abbreviations and parentheses.
- Provide the best estimate of the interval between the presumed onset of each condition and death. The terms "approximately" or "unknown" may be used. Do not leave the interval blank; if unknown, indicate that it is unknown.
- If additional medical information or autopsy findings become available that would change the cause-of-death originally reported, the original death certificate should be amended by the certifying physician by filing an affidavit of correction.
- Report each disease, abnormality, injury, or poisoning that you believe adversely affected the decedent. A condition can be listed as "probable" even if it has not been definitively diagnosed.

Order and Place of Entry

- Each condition in Box 50A-D should cause the one above it.
- A specific underlying cause-of-death should be reported as the final entry in Box 50 so there is no ambiguity about the etiology of this cause. A complete sequence should be reported in Box 50 that explains why the patient died. The sequence may be an etiological or pathological sequence as well as a sequence in which an earlier condition is believed to have prepared the way for a subsequent cause by damage to tissues or impairment of function.

- No entry is necessary on lines (B), (C), and (D) if a single cause-of-death reported on line (A) describes completely the train of events resulting in death.
- Conditions or diseases in Box 51 should contribute to death but not result in the last entry in Box 50.
- If two or more possible sequences resulted in death, report the one that in your opinion, most directly caused death in Box 50. Report the other conditions or diseases in Box 51.

Additional Information Needed for Some Causes

- Mechanistic terminal events such as respiratory arrest, asystole, cardiac arrest, cardio-respiratory arrest, ventricular fibrillation, atrial fibrillation, and electromechanical dissociation should not be the only condition included in the cause-of-death statement and are unlikely to be the underlying cause.
- Always report an etiology for organ system failure such as congestive heart failure, hepatic failure, renal failure, or respiratory failure on the lines beneath it.
- A primary site and/or histological type should be specified for neoplasms, or specify that site and type are unknown.

Alcohol Use, Tobacco Use, Pregnancy

- If, in your opinion, the use of alcohol, tobacco, other substance by the decedent, or a recent pregnancy or injury caused or contributed to death, then this condition should be reported.

Injuries

- For deaths resulting from injuries, always report the fatal injury event, the trauma, and the impairment of function.
- Injury items (Boxes 54-60) should have some sort of entry if the manner (Box 54) has been reported as accident, homicide, or suicide.

APPENDIX I

Operational Guidelines for Determination of Injury at Work

Injury At Work

1. Complete the injury at work item if any other than natural cause of death is mentioned in Part I or Part II of the medical certification, including homicides, suicides, and accidents, including motor vehicle deaths.
2. The injury at work item must be completed for decedents ages 14 or over and may be completed for those less than 14 years of age if warranted. Consider possibility of work injury regardless of whether injury occurred in the course of work in “usual” or other occupation and/or industry. If decedents’s “usual” occupation is housewife, student, or retired consider possible injury during other employment. If occupation is transportation-related, suspect injury at work and evaluate per criteria.
3. Consider available information with regard to location and activity at time of injury. If location is farm, suspect workrelated and evaluate per criteria.

CRITERIA	INJURY AT WORK	
	Yes	No
On Employer Premises		
• Engaged in work activity, apprentice, vocational training	✓	
• On break: in hallways, rest room, cafeteria, storage area	✓	
• In employer parking lots while working, arriving, or leaving	✓	
• Engaged in recreational activities on employer controlled facilities (games, etc.) for personal enjoyment		✓
• As a visitor for non-work purposes, not on official business		✓
Off Employer Premises		
• Working for pay or compensation, including at home	✓	
• Working as a volunteer EMS, firefighter, or law enforcement officer	✓	
• Working in family business, including family farm. Activity should be clearly related to a profit-oriented business.	✓	
• Traveling on business, including to and from customer/business contacts	✓	
• Engaged in work activity where vehicle is considered the work environment (e.g., taxi driver, truck driver, etc.)	✓	
• Homemaker working at homemaking activities		✓
• Working for self-non profit, i.e., mowing lawn, repairing own roof, hobby, or recreation activities		✓
• Student engaged in school activities		✓
• Operating vehicle (personal or commercial) for non-work purposes		✓
• Commuting to or from work site		✓

These guidelines were developed jointly by: The Association for Vital Records and Health Statistics (AVRHS), the National Institute of Occupational Safety and Health (NIOSH), The National Center for Health Statistics,(NCHS) and the National Center for Environmental Health and Injury Control (NCEHIC) PUBLISHED AND DISTRIBUTED BY AVRHS

APPENDIX J

Forms

Death Certificate

Fetal Death Certificate

Burial Transit Permit

Notice of Removal

Disinterment Permit

Affidavit for Correction